Castro Valley Unified School District

PUBLIC RECORDS ACT REQUEST FORM

REQUESTER INFORMATION

Name: _____

Company: _____

Mailing Address: _____ City/Zip Code: _____

Phone Number (Home): _____ Work or Cell: _____

Email Address: _____

Preferred method of contact in the event of questions: _____

REQUESTED RECORDS

_____

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_____

Time period covering documents requested: _____

SIGNED: _____ DATE: _____

This PRA Request form must be submitted to the district office at the address listed below.

Please file this request at the following location:
Office of the Superintendent
4400 Alma Avenue
Castro Valley, CA 94546
Email request to: acayere@cv.k12.ca.us