



Public Records Request

Excluding Transcript Request

Please answer each of the following in legible print.

Date of request _____

Requestor's name _____

Requestor's address _____

Phone number _____

Email address _____

Detailed description of the public records being requested

Format in which you prefer to receive the request

- I want to inspect the record(s) (no fee).
- I want the record(s) emailed to me at the email address above (no fee).
- I want a photocopy of the record(s) mailed to me at the address above (.15¢ per copy).

Submit this form in one of the following ways:

Mail to or deliver to
Davidson County Schools
Attention: Communications Department
250 County School Road
Lexington, NC 27292

Fax to
336.249.1062

Email to
communicationdept@davidson.k12.nc.us

Received date _____	By _____
Completion Date _____	Date fees received _____