EXHIBIT **EXHIBIT**

PUBLIC'S RIGHT TO KNOW / FREEDOM OF INFORMATION

REQUEST FOR PUBLIC RECORDS OF THE SCHOOL DISTRICT

Note: It is not required by law that this form be filled out by a person requesting public records. The District may request the document be filled out or the District may use the document internally as documentation of public records requests.

Name: _____ Date: _____

Address: _____
Street City State Zip

Phone: Home: _____ Work: _____

E-mail address: _____

Nature of request:

☐ Opportunity to review records (no original record may leave the custodianôs office).

☐ Copies of records.

Please read and sign the following statement:

> I have requested public records of the School District for a noncommercial purpose. I Understand that if the records should be used for a commercial purpose, a verified statement of the purpose must be submitted per A.R.S. 39-121.03

_____ _____
(Date) (Signature)

Notice: A fee will be charged for copying based upon actual cost for providing the information.

Records requested (please be as explicit as possible as to the records you desire):

_____

_____

_____