

STANDARD RIGHT - TO - KNOW REQUEST FORM

DATE REQUESTED: _____

REQUEST SUBMITTED BY: E-MAIL U.S. MAIL FAX IN-PERSON

NAME OF REQUESTOR: _____

STREET ADDRESS: _____

CITY/STATE/COUNTY (Required): _____

TELEPHONE (Optional): _____

RECORDS REQUESTED (Provide as much specific detail as possible so the school district can identify the information):

DO YOU WANT COPIES? YES OR NO

DO YOU WANT TO INSPECT THE RECORDS? YES OR NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES OR NO

OPEN RECORDS OFFICER: JANINE ALLEN

DATE RECEIVED BY SCHOOL DISTRICT: _____

AGENCY FIVE (5) - DAY RESPONSE DUE: _____