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:

  o Opportunity to review records (no original record may leave the custodian's office)

  o 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):

___________________________________________________________________
___________________________________________________________________