



## **Muncie Community Schools**

4301 S. Cowan Rd.  
Muncie, IN 47302  
Phone: (765) 747-5211  
[www.muncie.k12.in.us](http://www.muncie.k12.in.us)

### **MUNCIE COMMUNITY SCHOOLS PROCEDURE FOR REQUEST FOR DISCLOSURE OF PUBLIC RECORDS**

Requests for access to public records may be made in person during regular business hours or delivered by facsimile, mail or electronic mail. Requests must identify with reasonable particularity the record for which disclosure is sought and must be made on the form for such requests provided by the corporation (attached).

Records may be inspected only at the office or location where they are regularly maintained during regular business hours.

Fees for certifying, copying or transmitting records shall be as established by the MCS Board of Trustees, but may not be greater than the actual cost of certifying, copying or transmitting such records as permitted by law. Fees are payable before any record certified, copied or transmitted and shall be paid by cash or by money order payment to Muncie Community Schools.

If the request is delivered in person, the Records Access Officer shall respond in writing on the request form within 24 business hours after the request was received. If the request is received by facsimile, mail or electronic mail, the Records Access Officer shall respond in writing on the request form within seven business days after the request was received.\*

To request disclosure of public records, fill out the attached form and return to:

Andy Klotz, Chief Communication Officer/ Records Access Officer  
Muncie Community Schools  
4301 S. Cowan Road  
Muncie, IN. 47302  
[Andy.klotz@muncieschools.org](mailto:Andy.klotz@muncieschools.org)  
Facsimile: 765-747-5341

\*Access to Public Records/ Exemption  
Operations/Policy 8310 Board of School  
Trustees, Muncie Community Schools  
Revised 10/21/2020



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## REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

- A. All requests will be submitted to the Chief Communications Officer/ Records Access Officer. Please print. Thank you for your cooperation in completely filling out this form.

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Please identify with reasonable particularity the record(s) being requested.

\_\_\_\_\_  
\_\_\_\_\_

- B.  This is a request to inspect the record(s)  
 This is a request for a paper copy of the record at 10 cents per page  
 Other-Please Explain:

\_\_\_\_\_  
\_\_\_\_\_

- C. Per board policy, please state the reason that you want to inspect the records or want a copy provided. This will help us to insure that we provide you with the correct documents.

\_\_\_\_\_  
\_\_\_\_\_

- D. Method of request  in person  U.S. Mail  e-mail  Fax  Inter School Mail

### **FOR OFFICE USE ONLY-DO NOT WRITE BELOW THIS LINE**

Date Received \_\_\_\_\_ Time \_\_\_\_\_ By \_\_\_\_\_

Method Received  in person  in U.S. Mail  e-mail  Fax  Inter School Mail

Disposition of request \_\_\_\_\_

Disposition date and time \_\_\_\_\_