

**Mustang School District  
Public Records Request Form**

Date request submitted \_\_\_\_\_

(Please Print)

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

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

Specific record(s) requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For Office use Only**

Records requested are determined to be: 1) Non-confidential; 2) confidential (See comments below)

School employee making determination: \_\_\_\_\_

Date request was processed: \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_

School employee(s) researching records \_\_\_\_\_

Total time spent assembling/copying records: \_\_\_\_\_

(Complete time log on back of form)

Approved for release \_\_\_\_\_

Superintendent or designee

\_\_\_\_\_  
Signature of person receiving records Date

\_\_\_\_\_ copies at \$0.25 each = \_\_\_\_\_  
\_\_\_\_\_ 8 ½ x 14 copies at \$.50 each = \_\_\_\_\_  
\_\_\_\_\_ Total time spent @ \$25.00 hr.

Payable to Mustang Public Schools Receipt # \_\_\_\_\_

Approved 08-14-17  
Revised: 02-08-2021