## Roseville Area Schools 1251 County Road B-2 West Roseville, MN 55113 651-635-1600

Fax: 651-635-1659

## REQUEST FOR INFORMATION

Requests should be emailed to Human Resources at hr@isd623.org

| Date of Request:  *Organization/Person Requesting Information: |  |
|--|--|
|  |  |
| *City, State, ZIP:   | Tele:  |
| *Purpose of Request:   |  |
| Description of Information Requested:                          |  |
|  |  |
|  |  |
| Information Requested:   |  |
| ☐ Student ☐ Staff ☐ Financial                                  | ☐ School Board ☐ Other   |
| Mailing labels (see description sect                           | etion) Paper report  |
| Computer data file   | Other  |
| *Signature of Individual Requesting Informati                  | zion:  |
| be notified of the amount if there are any costs               | ats and will be due prior to delivery of materials. You will as for your request. Payment (if required) should be made can be made in person or sent to the attention of Human |
| Approved:  | Approval Date:   |
| Cost of request:   | Payment received on:   |
| * Not required   |  |