

ALBERT LEA AREA SCHOOLS – DATA REQUEST FORM



Date of Request: _____

Description of requested data (please be specific, include date spans):

Requested method to access data:

Inspection Only: _____ Copies Only:* _____ Both Inspection and Copies:* _____

***Note:** There will be a cost charged to provide copies of public data.

Contact Information (Optional)**

Name: _____

Phone Number: _____

Email Address: _____

Address: _____

****Note:** You do not have to provide any contact information. However, if you want Albert Lea Area Schools to mail/email copies of data to you, some type of contact information must be provided. Albert Lea Area Schools would also need contact information from you if it is necessary to clarify your request. We will not work on such a request until clarified.

Albert Lea Area Schools will respond to your request as soon as possible.

Written request for data can be returned several ways:

Email: welisten@alschools.org

Fax: 507-379-4898

Mail: Albert Lea Area Schools – Attn: Superintendent’s Office

211 W. Richway Dr

Albert Lea, MN 56007

In Person: See mail address above