

# Public Records Request

Submit this form to: [jcacciotti@ccusd93.net](mailto:jcacciotti@ccusd93.net)



Date of this request: \_\_\_\_\_

Requestor contact Information	Name:
	Address:
	Phone:
	Email:

Nature of request  
(please check one)

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

Copies of records

Please read and sign the following statement:	I have requested public records of the school district for: commercial or non commercial purpose. <i>(Please check appropriate box.)</i>
	I understand that if the records should be used for a commercial purpose, a verified statement of the purpose must be submitted per <b>A.R.S. 39-121.03</b>
	_____ Signature
	_____ Date
Records requested: Please be as explicit as possible as to the records you desire, include date range for email/document search; any email addresses for those who aren't CCUSD employees.	