PUBLIC INFORMATION REQUEST FORM

DATE REQUESTED: _____   DATE NEEDED: _____

(Please allow a minimum of ten working days notice)

*********PLEASE COMPLETE THE INFORMATION IN ALL FOUR BOXES BELOW*********

INDICATE TYPE OF OUTPUT BEING REQUESTED:

☐ **ADDRESS LABELS**   _____ " # of sets of labels

_____   "To the Parents Of" labels   _____ " To the Student" or "To the Employee" labels

☐ **PRINT OUT**   _____ # of copies of print out

☐ **DOWNLOAD DATA TO CD**   Data format: _____Comma-delimited   _____Microsoft Excel

DESCRIBE THE DATA BEING REQUESTED: _____ Student Information   _____ Employee Information

(Examples: All 2nd graders with School, First Name, Last Name, Grade Level, Telephone Number OR only teachers with school name)

_____

_____

INDICATE SORT SEQUENCE FOR OUTPUT:

_____ Alpha by campus   _____ Alpha by grade level by campus

_____ Alpha by district   _____ Zip code

_____ Alpha by grade level   _____ Other, specify: _____

REQUESTOR INFORMATION:

REQUESTOR'S NAME: _____

NAME OF INSTITUTION/BUSINESS: _____

ADDRESS: _____CITY: _____ZIP:_____

PHONE: _____   FAX: _____

SIGNATURE: _____

All Public Information Requests exclude information for those students or employees who have indicated in writing that their information is NOT to be released in open records requests.

* *

INTERNAL USE ONLY

Approved by: _____   Date: _____

Exclude students whose record indicates the following restriction codes: A0 A1 A2 A3 A4 A6 A7 A8 AA AB AD AG AH AJ AM AR
(Form Revised 5/8/14)