



Harris County School District  
Open Records Request Form  
Under the Open Records Act  
O.C.G.A. 50-18-70

**Requestor Information**

Name:	Organization:	Date:
Telephone:	E-Mail Address:	
Mailing Address:		

**Records Requested:** Indicate record(s) description and/or name of document(s) below. Please provide as much specific detail as possible so that we can identify the information. Use additional sheets as necessary.

Records requested for: ☐ On-site Inspection ☐ Copies to pick-up ☐ Copies via U.S. Mail ☐ Other: \_\_\_\_\_

*According to O.C.G.A. 50-18-70, school systems shall provide requested records within three business days at a fee not to exceed twenty-five cents per page copied. In addition, a reasonable charge may be collected for search, retrieval, and other direct administrative costs for complying with a request under this Code section. The hourly charge shall not exceed the salary of the lowest paid full-time employee having the necessary skill and training to perform the request. However, no charge shall be made for the first quarter hour.*

**Please return this form via U.S. Mail to:**

Open Records Request  
Official Custodian of Records  
Harris County Board of Education  
132 Barnes Mill Road  
Hamilton, Georgia 31811

**I understand and agree to all applicable fees associated with this request under and in compliance with the Georgia Open Records Act O.C.G.A. 50-18-70:**

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Date: \_\_\_\_\_

**OFFICE USE ONLY**

Date Received:	Received by:
<b>Request Submitted By:</b> <input type="checkbox"/> U.S. Mail <input type="checkbox"/> Fax <input type="checkbox"/> E-Mail <input type="checkbox"/> In-Person	<b>Fees Assessed:</b> _____ pages at _____ per page totaling \$ _____ _____ hour(s) at _____ per page totaling \$ _____ Additional: _____ \$ _____ Total Fees \$ _____

**APPROVAL**

Custodian of Public Records, or designee approval:	Date:
Date <input type="checkbox"/> U.S. mailed / <input type="checkbox"/> E-Mail / <input type="checkbox"/> delivered / <input type="checkbox"/> picked-up:	Date payment received: