

SOUTH BEND COMMUNITY SCHOOL CORPORATION
737 Beale St.
South Bend, Indiana 46616
(574) 393-6000

REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

Please Print Name: _____

Address: _____

City _____ State ____ Zip _____ Phone (day) _____

Please clearly identify the public record being requested. Be as specific as possible.

This is a request for: you to allow me to inspect the record
(please check one) you to provide me with a copy of the record. I understand that I must pay the copying fee (10¢ per page or 20¢ for double-sided page) before the record will be distributed.

Signature _____ Date _____ Time _____

DO NOT WRITE BELOW – FOR OFFICE USE ONLY

Date and time request received: _____ By: _____

Approved by: _____ Date: _____

Disposition of request: _____

Request completed by: _____ Date: _____