Cape Henlopen School District

Freedom of Information Act Requests

Freedom of Information Act Request for Information of Public Record

Persons requesting to review or copy public record of the Cape Henlopen School District shall fill out the top portion of this form to submit a request.

Name: _____ Date: _____

Address: _____

_____ Phone Number: _____

Fax Number: _____ Email Address: _____

Record(s) to be examined and/or copied. Explain in detail and include fiscal year(s) if applicable.

_____

_____

_____

_____

Signature of Person Making Request: _____

Signature of Superintendent Designee: _____

Please mail if not signing with electronic signature.

Copies

Number of Copies Made: _____ pages x 25¢ per sheet = _____ Total: _____

CD or Digital Materials

_____ Discs or Tapes X $5.00 = Total: _____

Copying by Outside Agency

Contractor Fee: _____ Total: _____

Method of Payment: _____ (Payment is expected at the time services are provied)

Received By: _____

Office Use Only: Waiver of Fees ☐

Please download and submit this form to Assistant Superintendent LouAnn Hudson at LouAnn.Hudson@cape.k12.de.us

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