

**Public Records Request**

Submit this form to: [sfuss@ccusd93.org](mailto:sfuss@ccusd93.org)



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

Requestor contact Information	Name: Address: Phone: Email:
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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.	
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