CLARKSDALE MUNICIPAL SCHOOL
DISTRICT 526 S. Choctaw Street
P.O. Box 1088
Clarksdale, MS 38614
Phone: (662) 627-8500 **Fax:** (662) 351-0532
www.cmsdschools.org

RECORDS REQUEST

Requesters Information

Full Name: _____
Last First M.I

Organization: _____

Address: _____
Street Address

_____
City State Zip Code

Phone: _____ **Alternate Phone:** _____

Email: _____

Information Requesting

I hereby request the following records maintained by the Clarksdale Municipal School District. The Request shall be specific enough to allow the District employee to identify and retrieve records requested. Please include the nature and description of your request. Requests must be filed between 9:00 a.m. and 3:00 p.m. on any working day in the superintendent's office.

_____

_____

_____

My Request is to:

_____1. Review the records listed above
_____2. Receive copy (s) of records listed above
_____3. Mail copy (s) of records to address listed above

Fees Charged

Photocopying: $.30 per page, minimum of $1.00

Search & Review: $5.00 per hour

Postage: Actual cost of postage shall be assessed for all mailed records.

I understand that appropriate charges for searching, copying and/or mailing shall be paid in full prior to granting this request. I acknowledge that the Clarksdale Municipal School District has a minimum of seven (7) working days from the date of receipt to respond to my request in accordance with MS public Records Act § 25-61-1 sep.

Signature of person making request: _____

_____
Title Date

CMSD OFFICE USE ONLY

Received by : _____ Title: _____ Date : _____

Cost : $_____ Date Payment Received: _____ Receipt # _____ Business

Office Signature: _____Date : _____

Superintendent : _____ Date: _____