



PUBLIC RECORDS REQUEST FORM

By completing this form, you are helping us administer the Access to Public Records Act. Forms should be submitted to the Educational Services Center in person, by fax, or email to Jane Johnson, Executive Assistant to the Superintendent, at jajohnson@zcs.k12.in.us

Date of Request:

Time of Request:

Requestor Information

- Full Name:
- Organization (if applicable):
- Mailing Address:
- City/State/Zip:
- Phone Number:
- Email Address:

Description of Records Requested

Please provide as much detail as possible to help locate the records (e.g., dates, subjects, departments, names, document types).

Detailed Description:

Delivery Preference

How would you like to receive the records?

- Email (no cost)
- Paper copies (copy fees may apply)
- USB drive (fees may apply)
- Inspection only (in person)
- Other:

Fee Agreement Some public records laws allow agencies to charge fees for copying, labor, or other processing.

By submitting this form, you acknowledge to pay any applicable fees.

Please notify me **if costs will exceed:** \$

Signature

For Agency Use Only

Request Received By:

Date Received:

- Approved
- Denied (reason): _____
- Additional time needed – notified requestor on: ____ / ____ / ____

Completed By: _____

Date Completed: ____ / ____ / ____