

JACKSON COUNTY SCHOOL DISTRICT
4700 Colonel Vickrey Road
Vance, MS 39565

REQUEST FOR ACCESS TO RECORDS

Date of Request: _____

Name of the person making the request: _____

Address: _____

Phone #: _____

Email: _____

I hereby request the following information maintained by the public school system.

(Requests shall be specific enough to allow school district employees to identify and retrieve records requested.)

My request is to: **Check the appropriate item(s).**

- ☐ 1. Review the records listed above.
☐ 2. Receive photocopies of records listed above.
☐ 3. Mail copies of records to the address shown above.
☐ 4. Email copies of records listed above.

I understand that appropriate charges for searching, copying, mailing and/or emailing shall be paid in full prior to granting this request.

Signature of person making request

FOR DISTRICT USE ONLY:

Date filed: _____

Approved: Yes _____ No _____

Fee: _____

Initial of Employee: _____