

**Mustang School District Public
Records Request Form**

Date Request Submitted: _____

Name _____ Telephone Number _____

(Please Print)

Address _____ City _____

State _____ Zip Code _____

Specific Record(s) Requested:

For Office Use Only

Records requested are determined to be: 1) Non-confidential; 2) Confidential (See comments below)

School employee making determination: _____

Date request was processed: _____

Comments: _____

School employee(s) researching records: _____

Total time spent assembling/copying records: _____

(Complete time log on back of form)

Approved for release _____

Superintendent or designee

Signature of person receiving records

Date

_____ copies at \$0.25 each =

_____ 8 ½ x 14 copies at \$.50 each =

_____ Total time spent @ \$25.00 hr.

Payable to Mustang Public Schools

Receipt #

Approved 08-14-17

Revised: 02-08-2021