PUBLIC'S RIGHT TO KNOW /FREEDOM OF INFORMATION
REQUEST FOR PUBLIC RECORDS OF THE SCHOOL DISTRICT

Note: It is not required by law that this form be filled out by a person requesting public records. The district requests the document be completed and will use the document internally as documentation of public records requests.

Name: _____ Date: _____

Address: _____
(street) (city) (state) (zip)

Phone: _____

E-mail address: _____

Nature of request:

☐ Opportunity to review records (no original record may leave the custodian's office)

☐ Copies of records. (A fee will be charged for copying based upon actual cost for providing the information)

☐ This request IS for commercial purposes*

☐ This request is NOT for commercial purposes

Records requested (please be as explicit as possible as to the records you desire):

_____

_____

_____

Please read and sign the following statement:

I have requested public records of the School District for a noncommercial purpose. I hereby certify that this public records request is not being made for commercial purposes and understand that if the records should be used for a commercial purpose, a verified statement of the purpose must be submitted per A.R.S. 39-121.03. *A fee (typically $1,000 plus) will be charged for all records requests used for commercial purposes.

_____
Signature