

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

Name _____ Date _____

Address _____

(street) (city) (state) (zip)

Phone: Home _____

Work _____

E-mail address _____

- ☐ Request to solely inspect a record. The review occurs during normal business hours and no record leaves the custodians office. Requesting party may use a personal device to copy record. – No Fee charged.
- ☐ Printed copies of records. Fee of \$0.50 per page. Reasonable fee to produce the reproduction of the record.

- Education records of a student requested by the student or his or her parent.
- Forms and other materials prepared to assist persons who wish to enroll a child in the District, seek employment by the District, or access services or accommodations from the District.
- Materials prepared to assist persons who attend District or school meetings.
- Public records needed to assert a claim against the United States, as required by state law.

Please read and sign the following statement: I have requested public records of the School District for a noncommercial purpose. I 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.

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