

**School Board**

**Exhibit - Written Request for District Records**

*To be submitted to the Superintendent*

Please provide the following information required to inspect and/or copy District records:

_____		_____
Name ( <i>Please print</i> )		Signature
_____		_____
Address	Apt. #	Telephone Number
_____		_____
City	State	Zip Code
_____		_____
		Date of Request

Please describe the records you are requesting for inspection:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please indicate the records you are requesting to have copied:	Number of Copies:
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_____	_____
_____	_____
_____	_____
_____	_____

*Please note that a duplicating fee must be paid before the copies are made.*

ADOPTED: October 10, 2007