



REQUEST FOR PUBLIC RECORDS

Name of Requesting Party:		Date:	
Address of Requesting Party:		City, State, Zip:	
Phone: ()		FAX: ()	
Email:			
The request was received via (please check one):			
Walk-In	Written	Phone	E-Mail
Nature of Request: Inspect or Review Documents <input type="checkbox"/>		Obtain Copies of Documents <input type="checkbox"/>	
Specific Information Requested: _____ _____ _____			
Statement of Intended Use Required (if list of individuals are requested): _____ _____ _____			
<ul style="list-style-type: none"> • On request, the district shall make copies of public records for a per-page fee of fifteen cents and the actual cost of postage and envelope, if any. • If the district denies any request, in whole or in part, for inspection and copying of records, the district shall provide the requesting party with a written statement of the reason for the denial setting forth the specific exemption which applies. • When a record naming an employee has been requested, the employee and bargaining unit representative will be notified, prior to the release, and informed of the district's response to the request. 			
<p>The school district requests your signature to confirm that you have been notified about the following statement:</p> <p><i>"I understand that any list(s) of individuals provided pursuant to my request may not be used for commercial purposes (RCW 42.17.260 [9]). I agree not to use lists of individuals for commercial purposes, and further agree not to give, sell, or provide access to such documents to any other person who intends to use them for commercial purposes."</i></p>			
Signature of Requesting Individual(s)		Date	
Your request is: Granted / Denied State Reason If Denied: _____ _____			
Copy Charge: _____		Furnished by: _____	