## GARAWAY LOCAL SCHOOL DISTRICT PUBLIC RECORDS REQUEST FORM

NOTE: A WRITTEN REQUEST TO INSPECT PUBLIC RECORDS IS NOT MANDATORY AND YOU MAY DECLINE TO REVEAL YOUR IDENTITY OR THE INTENDED USE OF THE INFORMATION. HOWEVER, COMPLETION OF THIS FORM MAY ENHANCE THE ABILITY OF THIS OFFICE TO IDENTIFY, LOCATE AND DELIVER THE PUBLIC RECORDS YOU SEEK. IF THE REQUEST IS FOR STUDENT DIRECTORY INFORMATION, YOU MAY BE REQUIRED TO REVEAL YOUR IDENTIFY OR INTENDED USE OF THE INFORMATION TO ALLOW THIS OFFICE TO ASCERTAIN WHETHER THE INFORMATION IS FOR USE IN A PROFIT-MAKING PLAN OR ACTIVITY.

Please complete this portion of the form to make a request to inspect public records maintained by this school district		
Name:		Date:
Telephone	e Number:	
Please ide	entify, as specifically as possible, the records y	ou would like to inspect:
Please sta	ite the intended use of the requested informat	ion:
		ate the medium on which you would like the records
	FOR OFF	ICE USE ONLY
	This public records request is approved and	any requested copies were provided.
	This public records request is denied as ambiguous, overly broad, or the requester has difficulty in making the request such that this office cannot reasonably identify what public records are being requested, AND the requester has been given the opportunity to revise the request by being informed of the manner in which records are maintained by this office and accessed in the ordinary course of the office or staff personnel's duties.	
	The public records request is denied in whole or in part. For any portion of the request that is denied, provide a written explanation for the denial (including legal authority) and return a copy of this form to the requester with this explanation:	
Copy cost	s assessed: \$ \$.05 per paper page	Copy costs paid: \$
	\$1.00 for downloaded computer file(s) to a compact disc No charge for documents e-mailed	
Signed:	Records Custodian	Date: