

Barrington Public Schools

283 County Road
P.O. Box 95
Barrington, Rhode Island 02806
Telephone: 401-245-5000
Fax: 401-245-5003

REQUEST FOR RECORDS UNDER THE ACCESS TO PUBLIC RECORDS ACT

Date: _____

Request Number: _____

Name: _____

Address (Optional): _____

Telephone (Optional): _____

Email Address (Optional): _____

Requested Records:

If these records are not readily available at the time of your request, please advise whether you desire to:

_____ Pick up the records, or _____ Regular mail, or
Email _____

Office Use

Request taken by: _____ Request Number: _____

Date: _____ Time: _____

Records to be available on _____ Pick Up _____ Mail _____

Email _____

Records provided: _____

Costs: _____ Copies _____ Search and Retrieval _____

Barrington Public Schools – Access to Public Records Request Receipt

If you desire to pick up the records, they will be available on _____ at the Superintendent's Office. If, after review of your request, the Superintendent's Office determines that the requested records are exempt from disclosure for a reason set forth in the Rhode Island General Laws Section 38-2-2(4), Barrington Public Schools reserves the right to claim such exemption.

NOTE: If you choose to pick up the records but did not include identifying information on this form (name, etc.), please inform the office of the Superintendent of the date you made the request, records requested, and Request Number _____.

Thank you.