

**CLAREMORE PUBLIC SCHOOLS
PUBLIC'S RIGHT TO KNOW**

Name (Please Print) Date: _____

Check one: Parent Media Concerned Citizen Employee

Address City State Zip

Information requested:

Reason for this request:

Signature

FOR OFFICE USE ONLY

Date Approved: _____

Date Disapproved: _____

Reason for Disapproval: _____

Date Information Released: _____

Total Cost: _____

District Official/Representative