SMITHFIELD SCHOOL DEPARTMENT
REQUEST FORM FOR RECORDS
UNDER THE ACCESS TO PUBLIC RECORDS ACT

(Please note, a written request for public records need not be made on this form if the request is otherwise readily identifiable as a request for public records).

Date __________________________________________ Request Number ______________

Name _______________________________________________________________________

Address ____________________________________________________________________

Telephone __________________________________________________________________

E-Mail Address __________________________________________________________________

REQUESTED RECORDS:

OFFICE USE ONLY:

Request taken by: _____________________________________________________________

Date: ____________________________ Time: ________________________________

Date Person Informed of Cost and Availability of Records:__________________________

Date Records Provided: _______________________ Mail_____ E-Mail_____ Pick Up ________

Costs: Copies__________________________________________________________________

Search and Retrieval__________________________________________________________

Total________________________________________________________________________