

**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 _____