

**School Board**

**Exhibit – Written Request for District Records**

*To be submitted to the Superintendent*

Please provide the following information required to inspect and/or copy District records:

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Apt. #

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Date of Request

Please describe the records you are requesting for inspection:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate the records you are requesting to have copied:

Number of  
Copies

_____	_____
_____	_____
_____	_____
_____	_____

*(Please note that a duplicating fee must be paid before the copies are made.)*