

REQUEST TO GAIN ACCESS TO PUBLIC RECORDS

If there is any particular urgency attached to this request, please indicate the date by which you need the information.

Nature of Request Inspection or Review Obtain Copies

1. Name of Requestor: _____ Phone _____

2. Address: _____

3. Representing (if applicable): _____

4. Address: _____

5. NATURE OF REQUEST: Please be specific about the records you wish to see. If you do not know the name of the records, make your request in the form of a question. To comply with RCW 42.17.260 (5) (noncommercial use), please sign the certification below.

Status: Parent/legal guardian or custodian
 Student whose records are requested
 Other (specify) _____

Record(s) requested: _____

6. Reason for request: _____

7. Signature of Requestor: _____

I certify that the information obtained as a result of this request for public records will not be used in whole or in part to compile a list of commercial purposes.

Signature

Disposition of Request

Request: Granted Denied (Individual may request a review of decision.)

Specific reason denied: _____
(if applicable)

Signature

Date

List material to be copied:

Copying Charges: \$ _____ Furnished By: _____ Date _____