Public Records Request Form

To Be Completed By the Requestor:

Name: ___________________________  Today’s Date: ___________________________
  Last                     First                     Middle

Address: ___________________________
  Street address            City            State            Zip Code

Date of Birth: ___________  Drivers License Number: ___________

Phone: ___________________________  Fax: ___________________________  Company: ___________________________

Description of Information Requested:

Purpose of Request:

Please note that some requests may require additional research that may prolong the amount of time in which you will receive your requested documents. Only those records authorized by WRS 16-4-202, and not in violation of the Federal Educational Rights and Privacy Act, (FERPA)20 U.S.C. 1232g, 34 CFR Part 99 shall be released.

Record released by: ___________________________  Case #: ___________________________  Date: ___________________________