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:

Request for records must be submitted in writing and may be picked up in person or sent by mail. There is a charge of 25 cents per page for copies picked up in person. For records sent by mail or fax you must also send a self-addressed pre-stamped envelope and submit $2.00 per copy of report.

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: ___________________________