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 WRS 16-4-203 and 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: ___________________________