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: Need by ________________________________.

Nature of Request: _____ Inspection or review _____ Obtain Copies

1. Name of Requestor _______________________________ Date __________________

2. Address _________________________________________ Phone __________________

3. Representing (If applicable) ____________________________________________________

4. Address _________________________________________ Phone __________________

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) ________________________________

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 for commercial purposes.

   Signature

   ________________________________

   ____________________________________________

   DISPOSITION OF REQUEST

Request: _____ Granted _____ Denied (individual may request a review of decision)

Specific reason denied __________________________________________________________

(if applicable)

   Signature ___________________________ Date ____________________________

List of material to be copied:

Copying Charges $ ___________________ Furnished by ________________________________