

**PUBLIC'S RIGHT TO KNOW /  
FREEDOM OF INFORMATION**

**REQUEST FOR PUBLIC RECORDS OF THE SCHOOL DISTRICT**

**Note:** It is not required by law that this form be filled out by a person requesting public records. The District may request the document be filled out or the District may use the document internally as documentation of public records requests.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
(street) (city) (state) (zip)

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

E-mail address \_\_\_\_\_

Nature of request:

☐ Opportunity to review records (no original record may leave the  
custodian's office)

☐ Copies of records.

Please read and sign the following statement:

I have requested public records of the School District for a noncommercial purpose. I understand that if the records should be used for a commercial purpose, a verified statement of the purpose must be submitted per A.R.S. [39-121.03](#).

\_\_\_\_\_  
(Date) (Signature)

*Notice:* A fee will be charged for copying based upon actual cost for providing the information.

*Records requested* (please be as explicit as possible as to the records you desire):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_