

EXHIBIT **EXHIBIT**

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

REQUEST FOR PUBLIC RECORDS OF THE SCHOOL DISTRICT

Name _____ Date _____

Address _____
(street) (city) (state) (zip)

Phone: Home _____ Work _____

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):

