

## REQUEST TO INSPECT PUBLIC RECORDS

In accordance with RCW 42.56 the undersigned requests access to inspect and/or-copies of specific records or portions thereof listed below.

Name of Requestor: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

I request to inspect the record(s).

I request copies of the record(s). I agree to pay the fee of .15 cents per page and the actual cost of postage and an envelope, if any. The district may require a deposit not to exceed 10 percent of the estimated cost and may charge per installment.

I request electronic records (via email) when available or in a format reasonably translatable.

In listing public record(s) you wish to view, receive and/or copy, please specify each item by title, form and/or search terms (for electronic files). Search terms may include the name of a school, staff person, title or program. This information is necessary to facilitate location and identification of requested documents.

Record:
Record:
Record:

For Official District Use Only

**REQUEST RECEIVED:** (date stamp)

Records Inspection

	Approved
	Approved in part
	Denied

Records Copied

	Approved
	Approved in part
	Denied

Total Charge:                  Paid:

APPROVAL

*For official central office use only:*

*For official student records use only:*

\_\_\_\_\_   
Public Records Officer signature

\_\_\_\_\_   
Records Custodian signature

School Location: \_\_\_\_\_

If request has been approved in part or denied, see letter of explanation of reasons for limitations on inspection, and copying and statement of reasons for partial approval or denial.