

ALMIRA SCHOOL DISTRICT NO. 17
REQUEST TO GAIN ACCESS TO PUBLIC RECORDS

Nature of Request: **Inspection or Review** **Obtain Copies**

Name of Requestor: _____ Date _____

Address: _____ Date _____

Representing (if applicable) _____

Address: _____ Phone: _____

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 42.56.070 (9) (noncommercial use), please sign the certification below:*

Status: parent/legal guardian or custodian
 Student whose records are requested
 Other (specify) _____

Reason for request: _____

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 part to compile a list for commercial purposes.*

Signature: _____

DISPOSITION OF REQUEST

Granted
Denied (Individual may request a review of decision.)

Specific reason denied (Include RCW/WAC number)

Signature: _____ Date: _____

List of material to be copied: _____

Copying Charges: _____ Furnished by: _____