

## 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.

In listing public record(s) you wish to view and/or copy, please specify each item by title, form, number, and detail. 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

<input type="checkbox"/>	Approved
<input type="checkbox"/>	Approved in part
<input type="checkbox"/>	Denied

Records Copied

<input type="checkbox"/>	Approved
<input type="checkbox"/>	Approved in part
<input type="checkbox"/>	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.