## West Carroll Special School District Request to Inspect or Receive Copies of Public Records

Street Address:	Requestor:	Date of Request:
Request, Check One:       On-site Visual Inspection:       Copies of the Records Specified Above:         By my signature below, I acknowledge that I understand the following: on-site records reviews must be completed during regular office hours; records predicted from any record released for public review; any person requesting a public review; any person requesting a public review; any person requesting a public review; any person requesting to infinite the <i>Records Transferred by Employee</i> Request, Check One:       On-site Visual Inspection:       Copies of Public review; any person requesting a public review; any person requesting a public review; any person requesting a public review; any person requesting to inspect on:         records request shall complete the <i>Request to Inspect on Receive Copies of Public Records</i> form and display a givernment issued photo identification card complete with his/her address; the district may collect a reasonable fee, payable by cash or money order, for copies of review in the same calendar month; if records associated with his/her address; the district may collect a reasonable fee, payable by cash or money order, for copies of review on the same calendar month; if records conducted to complete my request.         Requestor Signature:		City, State, Zip:
By my signature below, I acknowledge that I understand the following: on-site records reviews must be completed during regular office hours; records pertaining to individual students will not be released for public inspection; confidential information may be relacted from any record released for public review; any person requesting a public records request shall complete the <i>Request on Respect on Receive Copies of Public Records</i> form and display a government issued photo identification card complete with his/her address; the district may collect a reasonable fee, payable by eash or money order, for copies of records; the district may charge a fee for the labor associated with filling more than four (4) requests from a single requestor in the same calendar month; if records cannot be made available within seven (7) working days, I will received notice in writing indicating the time needed to complete my request.         Requestor Signature:	Description of Records to Review:	
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School District Use Only         Public Records Request Coordinator Review, Initial       Records Custodian Review         Date Request Received:       Date Received from PRRC:         Request Approved or Denied?       Date Record Collection Completed:         If Denied, Why?       Number of Pages Copied:         Estimated Time Invested:	during regular office hours; records pertaining to indiv confidential information may be redacted from any recor records request shall complete the <i>Request to Inspect</i> government issued photo identification card complete wi payable by cash or money order, for copies of records; filling more than four (4) requests from a single request available within seven (7) working days, I will received it	vidual students will not be released for public inspection; d released for public review; any person requesting a public <i>or Receive Copies of Public Records</i> form and display a th his/her address; the district may collect a reasonable fee, the district may charge a fee for the labor associated with tor in the same calendar month; if records cannot be made
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Employee Signature:   Date:	·	
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