

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

Requestor: \_\_\_\_\_ Date of Request: \_\_\_\_\_  
(Please Print)

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Description of Records to Review:

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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 pertaining to individual students will not be released for public inspection; confidential information may be redacted from any record released for public review; any person requesting a public records request shall complete the *Request to Inspect or Receive Copies of Public Records* form and display a government 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 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: \_\_\_\_\_ Date: \_\_\_\_\_

**School District Use Only**

***Public Records Request Coordinator Review, Initial***

Date Request Received: \_\_\_\_\_

Request Approved or Denied? \_\_\_\_\_

If Denied, Why? \_\_\_\_\_

Date Submitted to Records Custodian: \_\_\_\_\_

***Records Custodian Review***

Date Received from PRRC: \_\_\_\_\_

Date Record Collection Completed: \_\_\_\_\_

Number of Pages Copied: \_\_\_\_\_

Estimated Time Invested: \_\_\_\_\_

Date Records Sent to PRCC: \_\_\_\_\_

***Public Records Request Coordinator Review, Final***

Date Records Received from Custodian: \_\_\_\_\_ Request Complete?    Yes ☐    No ☐

Will a fee be assessed? "Yes" or "No" \_\_\_\_\_ If so, enter amount of fee. \_\_\_\_\_

I have reviewed or received the records as requested above.

Requestor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Records Transferred by Employee***

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fee Collected: \_\_\_\_\_ Cash or Check Number: \_\_\_\_\_