



PUBLIC RECORDS REQUEST FORM

GPSD Office Use Only
CONTROL NUMBER

ATTENTION REQUESTOR: To expedite your request for District records, please fill out this form completely, and identify specifically the type of records you are requesting. Please limit your request to one facility or one site address for each request form filed, and three requested items per form. Additional forms or pages can be used if requesting information for more than one facility or for records not identified on this form. Requests should reasonably describe identifiable records prepared, owned, used, or retained by the District. GPSD staff is available to assist you in identifying those records in the District's possession. The District is not required by law to create a new record or list from an existing record.

REQUESTOR INFORMATION

NAME:		DATE:	
COMPANY:			
MAILING ADDRESS:			
CITY:	STATE:	ZIP CODE:	
PHONE NUMBER:	FAX NUMBER:		
EMAIL ADDRESS:			

REQUESTED RECORDS (Please be as specific as possible)

TIME PERIOD OF DOCUMENTS REQUESTED	From:	To:

REQUESTED SITE/INDIVIDUAL INFORMATION (If Applicable)

SCHOOL NAME:		
FACILITY ADDRESS:		
CITY:	STATE:	ZIP CODE:
FACILITY I.D. NO. (if known):		

Direct cost of duplication: \$.30 per page for paper copies and \$55.00 per copied audio tape. Transfer of gathered electronic records onto CD or Diskette typically costs \$20.00 each, but costs will vary.

- I request that the GPSD contact me prior to copying the requested records if the cost exceeds \$25.00.
- I would like copies of the requested records and I hereby agree to reimburse the GPSD for the direct cost of duplication.

Signature of Requestor

Note: After a preliminary estimate, advance payment may be required.