

Woodridge Local School District

PUBLIC RECORDS REQUEST

Name: _____

Address: _____

Telephone: _____ Business Telephone: _____

_____ I wish a copy of the following record(s): (specify) _____

_____ I wish to review the following record(s): (specify) _____

I understand I will be contacted within _____ days, excluding weekends and holidays, as to when I may view these records. I also understand if I request a copy made of these records, the copies will be provided to me at cost. I further understand I am not allowed to remove any record(s) from the office where they are maintained.

Signature Date

The records you wish to review and/or copy will be available be on _____ at the administration office.

Records Officer Date

RECEIPT/ACKNOWLEDGEMENT FORM

I hereby acknowledge that I have been given copies of and/or have been permitted to review the public records requested above.

Signature Date