

KDB-E

EXHIBIT

**PUBLIC'S RIGHT TO KNOW /
FREEDOM OF INFORMATION**

REQUEST FOR PUBLIC RECORDS OF THE SCHOOL DISTRICT

Name _____ Date _____

Address _____
(street) (city) (state) (zip)

Phone: Home _____ Work _____

E-mail address _____

Nature of request:

- Opportunity to review records (no original record may leave the custodian's office)
- Copies of records.

Please read and sign the following statement:

I have requested public records of the School District for a noncommercial purpose described here:

(Date)

(Signature)

Notice: A fee will be charged per KDB-R.

Records requested:
