

NINE MILE FALLS SCHOOL DISTRICT
REQUEST TO GAIN ACCESS TO PUBLIC RECORDS

Nature of Request: ☐ **Inspection or Review** ☐ **Obtain Copies**

Name of Requestor: _____ Date: _____

Address: _____ Phone: _____

Representing (if applicable) _____

Address: _____ Phone: _____

Nature of Request: *Please be specific about the records you wish to see. If you do not know the name of the records, make your request in the form of a question. To comply with RCW 42.56.070(9)(noncommercial use), please sign the certification below:* _____

Status: ☐ parent/legal guardian or custodian
 ☐ student whose records are requested
 ☐ other (specify) _____

Reason for request: _____

Signature of Requestor: *I certify that the information obtained as a result of this request for public records will not be used in whole or part to compile a list for commercial purposes.*

 Signature

DISPOSITION OF REQUEST

☐ **Granted**
☐ **Denied** (Individual may request a review of decision.)

Specific reason denied *(include RCW/WAC number)* _____

 Signature

 Date

List of material to be copied: _____

Copying Charges: \$ _____

Furnished by: _____