



PUBLIC RECORDS REQUEST FORM

(Please Print)

Date of Request: _____

Name of Requestor: _____

Company/Organization: _____

Phone Number(s): _____

Fax Number: _____ **Email Address:** _____

Mailing Address: _____

Name and Detailed Description of Public Records or Information Requested:

I understand that I will be charged 15 cents per page for all standard and legal sized copies. I understand that my request is subject to disclosure under the Washington State Public Records Act (Chapter 42.56 RCW). I understand that if a list of individuals is provided to me by the Seattle Public Schools, it will neither be used for commercial purposes or to give or provide access to material to others for commercial purposes as prohibited by RCW 42.56.070(9).

Requestor's Signature: _____ **Date:** _____