



Freedom of Information Form

Date of Request: _____

Name of Requester: _____

Address, City, State, Zip: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Information being requested: _____

The request was made: In Person By Phone By Letter By E-mail

Return form to the Director of Human Resources

Name of Staff Member Receiving This Form: _____

Date Received: _____

If superintendent approves, information will be sent as soon as possible.

- Requester Can Receive Information Requested
- Requester Cannot Receive Information Requested Due to Data Privacy

Signature of Superintendent or Designee: _____

Date: _____

Maximum Search Fee: _____

Enter the maximum search fee the person making this request is prepared to pay. If you do not enter an amount it will be assumed you are willing to pay at least \$25 for this search