

**REQUEST TO GAIN ACCESS TO PUBLIC RECORDS**

Nature of Request: \_\_\_\_\_ Inspection or review \_\_\_\_\_ Obtain copies

1. Name of Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

2. Address: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Representing (if applicable): \_\_\_\_\_

4. Address: \_\_\_\_\_ Phone: \_\_\_\_\_

5. NATURE OF REQUEST. **Please be specific about the records you request/wish to see.** If you do not know the name of the records, make your request in the form of a question.

Status: \_\_\_\_\_ Parent/legal guardian or custodian  
\_\_\_\_\_ Student whose records are requested  
\_\_\_\_\_ Other (specify) \_\_\_\_\_

6. Name of records you request/wish to see: \_\_\_\_\_

7. Reason for Request: \_\_\_\_\_

To comply with RCW 42.56.070 (9) (noncommercial use), please sign the certification below.

8. 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 in part to compile a list for commercial purposes.

\_\_\_\_\_  
(Signed)

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**DISPOSITION OF REQUEST**

Request \_\_\_\_\_ granted \_\_\_\_\_ denied (Individual may request a review of decision.)

Specific reason denied: \_\_\_\_\_  
(if applicable)

Anticipated/estimated time to respond to this request: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

List material to be copied:

Copying charges \$ \_\_\_\_\_ Furnished by \_\_\_\_\_

Revised: