

McPherson Unified School District 418
McPherson, Kansas

Public Request for School Records

Date of request _____
Month Day Year

Name of person requesting records: _____
First Last

Address of person requesting records: _____
Street

_____ City

_____ State Zip Code

Specific description of requested records: _____

The cost of copying open records shall be borne by the person requesting the copies.

A determination on the availability of the records requested will be made within three days of receipt of this request. If access to records is not immediately granted, a detailed explanation of the delay as well as the time and place the record will be available will be provided below.

~ Office Use ~

Approval to release records _____

Denial to release records _____

Delayed release of records _____

Reason for denial or delay in providing records:

_____ Date

_____ Custodian/Freedom of Information Officer