

VIGO COUNTY SCHOOL CORPORATION
TERRE HAUTE, INDIANA

File: EH-E

REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

(Completion of this form assists us in
administering the Access to Public Records Act)

Name _____ Phone _____

Address _____

Date of Request _____ Time of Request _____

Please identify, with reasonable particularity and detail, the record or records being requested:

CHECK ONE

_____ This is a request for you to allow me to inspect the record/records described above.

_____ This is a request for you to provide me with a copy of the record/records at ten cents (\$0.10) per page for copies that are not color copies or twenty-five cents (\$0.25) per page for color copies.(I understand I must pay the fee before the record/records will be copied.)

Record/records will be copied as soon as possible, usually within seventy-two (72) hours. The response time will depend upon the work load of the office staff.

1. The school corporation does not have the record/records requested. _____
2. You may inspect the record/records on _____
3. You can expect to pick up the record/records requested above on _____

Secretary receiving request

Superintendent

Revised: February 11, 2008