

# RyeNeck Schools

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## ACCESS TO PUBLIC RECORDS REQUEST FOR INFORMATION FORM

NAME: \_\_\_\_\_

COMPANY(if applicable): \_\_\_\_\_

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NAME OF DOCUMENT OR RECORD REQUESTED:  
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PURPOSE FOR WHICH DOCUMENTS OR RECORDS SHALL BE USED:  
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According to the Freedom of Information Law of 1977, I hereby certify that the foregoing information is true and I understand that I will be charged \$.25 per copy for any requested, plus postage (if any), and payment will be made in advance. Further, I am aware that the Clerk or other person in charge of the record requested shall within five (5) business days produce the record requested, or deny the request, setting forth the reasons for such denial, or state when, where and to what extent and under what conditions the record shall be available, and reasons for such delay and/or limitation.

\_\_\_\_\_  
Signature of person making  
Request for public information

Date: \_\_\_\_\_

Initials of person receiving request: \_\_\_\_\_