

EXHIBIT**EXHIBIT****PUBLIC'S RIGHT TO KNOW /
FREEDOM OF INFORMATION****REQUEST FOR PUBLIC RECORDS OF THE SCHOOL DISTRICT**

Name _____ Date _____

Address _____

Street

City

State

Zip

Phone: Home _____ Work _____

E-mail address _____

Nature of request:

- ☐ Opportunity to review records (no original record may leave the custodian's office)
- ☐ Copies of records via U.S. Mail to the address above.
- ☐ Electronic copies to be emailed to the email address above or, if too voluminous, a mailed storage device to the address above.

Notice: A fee will be charged for copying based upon actual cost ~~for providing the information~~ of making copies for a requestor as allowed by law and District policy.

Records requested (please be as explicit as possible as to the records you desire):

Date_____
Signature

Note: This material is written by NMSBA for informational purposes only, and not as legal advice. You may wish to consult with your attorney for further explanation and advice as to the content of this advisory.