East Tallahatchie School District
Public Records Request Form

Requester's Public Records Request/Report Information

Full Name: _____
Last **First** **M.I.**

Organization: _____

Address: _____
Street Address **City** **State** **Zip Code**

Phone: _____ ***Alternate Phone:*** _____

Email: _____

Information Requesting
I hereby request the following records maintained by the East Tallahatchie School District.
(Request shall be specific enough to allow ETSD employees to identify and retrieve records requested)

My Request is to:

_____ 1. Review the records listed above.

_____ 2. Receive copy(s) of records listed above

_____ 3. Mail copy(s) of records to the address shown above

I understand that appropriate charges for searching, copying, and/or mailing shall be paid in full prior to granting this request. I acknowledge that the East Tallahatchie School District has a minimum of seven (7) working days from the date of receipt to respond to my request in accordance with the Mississippi Public Records Act § 25-61-1 seq.

Identification Requirement: **To process this request, I will provide two forms of legal identification, including a driver's license and another photo-issued ID.**

Signature of person making request:

_____