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Public Records Request Form

Date of Request: _____

Requestor Information (only if voluntarily provided; requests may be anonymous)

Name: _____

Address: _____

City/State/Zip: _____

Phone (optional): _____

Email (optional): _____

Description of Records Requested: _____

Desired Format (paper, electronic): _____

Delivery Method (mail, email, etc.): _____

Please note: Liberty Center Schools may charge an at-cost rate, for any delivery fees and associated media (e.g. paper, flash drive, etc.) needed to fill the request. In accordance with state and federal law, confidential information will be redacted. Requests must be specific enough for the public office to reasonably identify the responsive records. If a particular record, information or data does not directly exist within the district, a record will not be created to fill the request.