OPP CITY SCHOOLS

Office of the Superintendent

Mr. Matt Blake, Superintendent

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"We build the future"

Aylisa Beach, Opp Middle School 2001

PUBLIC RECORDS REQUEST

Full Legal Name: _____

Alabama Driver's License Number: _____ Phone Number: _____

Business Name (if applicable): _____

Email Address: _____

Street Address: _____

City, State, Zip: _____

Description of Records Requested (Be as specific as possible. A public officer shall not be obligated to respond to a request that is vague, ambiguous, overly broad, or unreasonable in scope. Additionally, extensive requests for public records may increase the fees to cover the administrative cost of searching and copying the requested records):_____

_____

_____

_____

_____

Purpose of Request:

_____

_____

NOTE: This information is requested solely to assist the Board in processing the request and determining whether any exemptions or confidentiality protections may apply.

Date of Request: _____

CERTIFICATION

The undersigned requester hereby certifies, under penalty of law pursuant to Act 2026-592, that with respect to any list of names and/or addresses contained in or derived from the public records requested above, the requester does NOT intend to, and WILL NOT:

• Use any list of names or addresses contained in or derived from the requested records for the purpose of selling or offering for sale any property or service to any individual or entity listed, or to any individual who resides at any address listed; or

• Sell, give, or otherwise make available to any person any list of names or addresses contained in or derived from the requested records or information for the purpose of allowing that person to sell or offer for sale any property or service to any individual or entity listed, or to any individual who resides at any address listed.

The undersigned requester hereby acknowledges certain records may be protected from disclosure under applicable federal or state law, including but not limited to FERPA and other privacy laws. The requester agrees not to knowingly misuse any personal information obtained through this request in violation of applicable law. The Board reserves the right to redact protected sensitive or confidential information in accordance with Act 2026-592.

SIGNATURE AND AFFIRMATION

By signing below: I acknowledge and affirm the certification statements set forth above and certify the information provided is true and correct. I understand and accept the legal consequences of providing false information. I also certify that I am an Alabama resident with standing to request public records pursuant to Alabama law. I understand and accept that payment of fees may be required before my request is fulfilled.

Requester Signature: _____

Requester Printed Name: _____

NOTE: The Public Records Request must be submitted on this form, in person, at 113 E Hart Avenue, Opp, Alabama. The Board may require proof of Alabama residency from the requester and reserves the right to deny requests from non-resident or out-of-state entities to the extent permitted by law. This certification form is required when requesting public records from Opp City Schools that may contain names and/or addresses of individuals or entities. Completion of this form is required under Act 2026-592 before the Board's records custodian may fulfill your request. Providing false information on this form may subject you to civil penalties.