

**EXHIBIT**

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**PUBLIC'S RIGHT TO KNOW /  
FREEDOM OF INFORMATION**

**REQUEST FOR PUBLIC RECORDS OF THE SCHOOL DISTRICT**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
(state) (zip) (street) (city)

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.

Please read and sign the following statement:

I have requested public records of the School District for a noncommercial purpose. I understand that if the records should be used for a commercial purpose, a verified statement of the purpose must be submitted per A.R.S. 39-121.03.

\_\_\_\_\_  
(Date)  
(Signature)

*Notice:* A fee will be charged for copying based upon actual cost for providing the information.

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