

**MANISTIQUE AREA SCHOOLS
RECORDS REQUEST**

Name: _____

Address: _____

Telephone: _____ Business Telephone: _____ Fax: _____

MANISTIQUE AREA SCHOOLS

___ I wish a (___print ___electronic) copy of the following record(s): (specify)

If requesting an electronic copy, please specify: ___fax ___email ___CD ___tape ___drive ___other ___

___ I wish to review the following record(s): (specify)

I understand I will be contacted within _____ days, excluding weekends and holidays, as to when I may view these records. I also understand if I request a copy made of these records, the copies will be provided to me at a cost. I further understand I am not allowed to remove any record(s) from the office where they are maintained.

Signature Date _____

***** The records you wish to review and/or copy will be available on _____ at the administration office.

Records Officer Date _____

RECIPT/ACKNOWLEDGEMENT FORM

I hereby acknowledge that I have been given copies of and/or have been permitted to review the public records requested above.

Signature Date