

**KDB-E**

EXHIBIT

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

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

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

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

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 described here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

*Notice:* A fee will be charged per KDB-R.

*Records requested:*

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