BOONE COUNTY SCHOOLS
Open Records Request Form

Date: ____________________

To: ____________________________________________

Department

1. Information requested by: □ Company □ Individual
   Name: _______________________________________
   Address: _____________________________________
   Telephone Number: ____________________________

2. Request inspection/copies of the following document(s):
   ____________________________________________
   ____________________________________________

3. Number of copies requested @ 10¢ page: ________
   (Postage may be charged if the requestor does not pick up the copies.)

4. Enclosed $__________ □ Check □ Money Order □ Cash
   ____________________________________________
   Signature of Requester

5. Signature of Department Head: ____________________________
   Date: __________________
   ____________________________
   Signature of Superintendent/Deputy Superintendent

Note: Except when individuals designated by the Superintendent are reviewing records, an authorized school employee shall provide supervision while records are being inspected.