

REQUEST FOR ACCESS TO PUBLIC INFORMATION

TO: THE RECORDS ACCESS OFFICER OF THE
MAYFIELD CENTRAL SCHOOL DISTRICT

RECORDS SOUGHT: _____

Date of Request: _____

SIGNATURE OF APPLICANT

PRINT NAME

ADDRESS

CITY STATE ZIP

If represent an organization, please specify

FOR OFFICE USE ONLY:

Request _____ APPROVED

_____ DENIED

Reason for denial _____

Mayfield CSD by: _____

Title _____

Date _____