

**Request for Copy/ies of Record**

Please indicate one method of communication:

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

I prefer to be contacted via \_\_\_\_\_ Mail \_\_\_\_\_ Email \_\_\_\_\_ Phone

I request \_\_\_\_\_ copy/ies of the following record(s) from the Richmond School District:

Specific title, name or description; and date of record:

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

Signed \_\_\_\_\_

**Summary of Request**

Date/Time Record Provided: \_\_\_\_\_

Person Filling Record Request: \_\_\_\_\_

Signed as Received: \_\_\_\_\_

Amount Paid: \_\_\_\_\_