

**UNION CITY AREA SCHOOL DISTRICT**  
**Public Record Request Form**

Requester Name: \_\_\_\_\_

Requester Mailing Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Please identify or describe the records sought: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Please attach an additional sheet of paper if necessary)

I am requesting that:

- the identified records be mailed to me at the address provide. I understand certain duplication and postage fees apply.
- the records be made available for inspection at the offices of the Union City Area School District during regular business hours.
- the records be forwarded to me electronically, if they exist in that fashion.
- certified copies of the records be made available to me. I understand that fees for providing certification of records apply.

Date Request Submitted: \_\_\_\_\_

Signature of Requester: \_\_\_\_\_

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*For Open-Records Officer Use Only*

Date of Receipt: \_\_\_\_\_

5 Day Response Date: \_\_\_\_\_