

**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)

Please note the format you would like the records to be in, such as in paper or electronic format. If you desire access in an electronic format, please list which format.

\_\_\_\_\_

*(Records will be provided in the format requested, if it exists in that format; otherwise it will be provided in the format in which it exists.)*

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.
- 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: \_\_\_\_\_