



Public Records Request Form

Name: _____

Date: _____

Business Name: (if applicable) _____

E- Mail : _____

Address: _____

Phone: _____

City: _____

State: _____ Zip: _____

Detailed description of the record(s) you are requesting: (Note - We will be better able to process your request if you clearly identify the record(s) you are seeking.)

If you are requesting e-mails or electronic records, please provide specific search terms that will allow the District to locate and assemble identifiable records responsive to your request:

In the event the District needs to respond to your request in installments, please indicate any preference or priority set of records:

Please indicate your preference below regarding disclosure of student names/information (see instructions for additional information):

I am not seeking student names or other personally identifiable information of students, and authorize that such information may be redacted from the records provided to me.

I prefer to receive the above described records in the following format:

Electronic (If available) Paper Copy (15 cents per page for copies that exceed 25 pages) View by appointment

The law prohibits use of lists of individuals for commercial purposes. By checking box below, I certify that I will not use any lists of individuals that I receive in response to this request for any commercial purpose.

Signature *(or type name and check box if signing electronically)* (required field)

Submit request to:
Superintendent | Deer Park School District
P.O. Box 490 | Deer Park, WA 99006

Ph: (509) 464-5500 | Fax: (509) 464-5510
Email: alexa.allman@dpsdmail.org