



**MARYSVILLE SCHOOL DISTRICT NO. 25**  
**4220 80th Street NE**  
**Marysville, Washington 98270**  
**360-965-0000**  
**FAX 360-965-0024**

*Mail, FAX, or hand-deliver to the Marysville School District  
 Educational Service Center at the address above.*

**REQUEST FOR PUBLIC RECORDS / INFORMATION**

Date: \_\_\_\_\_

First and Last Name of Requesting Party: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Specific Records Requested: \_\_\_\_\_

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

By my signature below, I understand that documents or information provided to me may not be used for commercial purposes (RCW 42.56.070 [8]). I agree not to use any such documents for commercial purposes and further agree not to give, sell, or provide access to the documents or information to any other person or entity who intends to use it for commercial purposes.

\_\_\_\_\_  
 Signature of Requesting Party

**DECISION OF RECORDS COORDINATOR**

\_\_\_\_\_ Request approved. Records available by: \_\_\_\_\_

\_\_\_\_\_ Request denied. See attached statement.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Records Custodian

**DOCUMENTATION BY RECORDS COORDINATOR**

Documents Inspected: \_\_\_\_\_

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

Associated Processing Fees: \_\_\_\_\_

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Records Coordinator