

UNIFIED SCHOOL DISTRICT NO. 437  
TOPEKA, KANSAS

PUBLIC REQUEST FOR  
SCHOOL RECORDS

Person requesting records \_\_\_\_\_

Address of person requesting records \_\_\_\_\_

Specific records being requested:

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

Approval to release records

Denial to release records

Delayed release of records

Reason for denial or reason for delay:

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

\_\_\_\_\_  
Custodian/  
Freedom of Information Officer

\_\_\_\_\_  
Date

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For Office Use Only:

Date and time the request was made \_\_\_\_\_

Estimated cost of copies and applicable employee time: \$ \_\_\_\_\_  
(To be paid in advance)