SCITUATE SCHOOL DEPARTMENT
PUBLIC RECORDS REQUEST FORM
(Pursuant to RIGL § 38-2 et seq.)

** FORM TO BE SUBMITTED TO THE CENTRAL OFFICE STAFF MEMBER WHO IS THE DESIGNATED PUBLIC RECORDS OFFICER **

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Facsimile: _____

Email: _____

Date of Request: _____

INFORMATION REQUESTED:

_____
_____
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((SCHOOL DEPARTMENT USE ONLY))

Request Received By: _____ Date: _____

Cost of Records: _____

Records Returned to Requestor (Date): _____

NOTES: _____

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