



Request for Public Records

Date: _____

Requestor's name: _____

Mailing address: _____

City, State & Zip: _____

Phone number: _____

Email address: _____

Name and detailed description of information requested:

I request to inspect the record(s).

I request copies of the record(s). I agree to pay the costs of providing records per Stanwood-Camano School District Procedure 4040P - Public Access to District Records.

*Requestor's signature: _____

Date: _____

*Original signature is required. Please print and sign.

Return completed form to: Public Records Officer, Stanwood-Camano School District, Administration & Resource Center, 26920 Pioneer Highway, Stanwood WA 98292 or email to mstanton@stanwood.wednet.edu.

Please refer to Stanwood-Camano School District Policy and Procedure 4040/4040P Public Access to District Records for complete information on the process for public access to school district records and guidance on how the District will respond to such requests.

For official district use only

Request received (date stamp):

Date request fulfilled:

Notes: