

CARROLLTON CUSD REQUEST TO INSPECT RECORDS

I, _____

Address: _____

Hereby request the opportunity to: (please circle appropriate term(s))

- a) Inspect
- b) Copy the following record(s):

I understand that I may be charged \$.25 per page for copying letter or legal size documents in excess of 50 pages.

Signature

Date Request Submitted

Contact information

Group/Individual Name _____

Contact Name _____

Mailing Address _____

Phone Number _____

Contact email _____

(Date request received by Carrollton CUSD)