

REQUEST FOR PUBLIC RECORDS

Name STAFF

Address _____

Phone _____

I am a (check one)

- Citizen of the Commonwealth of Virginia
Member of the Press Referenced in § 2.2-3700 *et seq.*
- News Organization _____

OFFICIAL PHOTO IDENTIFICATION MUST BE PRESENTED PRIOR TO INSPECTION OF RECORDS OR RECEIPT OF ANY COPIES (PHOTOCOPY ACCEPTABLE WITH MAILED/ FAXED REQUEST)

USE ONLY	
Date Request Received _____	
Request was made (check one)	
<input type="checkbox"/> by requester on this form	
<input type="checkbox"/> by telephone	
<input type="checkbox"/> in writing other than on form (attach original request)	
<input type="checkbox"/> Date Response Sent: _____ (attach copy)	
<input type="checkbox"/> Identification Verified	
Type _____	Number _____
<input type="checkbox"/> Date Inspection Made: _____ (attach record)	
<input type="checkbox"/> Itemized Cost Statement Attached	

I am requesting access to the following records (please be as specific as possible, and attach additional paper if necessary):

Reasonable costs for copying, search, and computer time may be assessed in connection with this request. A current schedule of costs appears in Division Regulation 7-3.1.

Specify format desired (if available):

- Photocopies _____
- E-mail (give address) _____
- Website Posting _____
- Other (please specify) _____

Check this box to request an advance determination of cost.

Signature

Date

RETURN COMPLETED FORM TO:

**EXECUTIVE ASSISTANT TO THE SUPERINTENDENT
2512 GEORGE MASON DRIVE
P.O. BOX 6038**

VIRGINIA BEACH, VA 23456-0038

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