

**DOWNINGTOWN AREA SCHOOL DISTRICT**

Request for Public Records (DASD Policy 801)

**Required Information – Please Print**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Township: \_\_\_\_\_

Date of request: \_\_\_\_\_ Date written request received by District: \_\_\_\_\_

Detailed description of the requested record:

*Note: As per District Policy 801 (Public Records), a fee may be charged the individual requesting a copy of District public records.*

Requester's Signature

Date

**Open Records Officer Approval**

Request Approved

Request Denied

Reason(s) for denial of request:

Comments:

Open Records Officer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_