

West Lafayette Community School Corporation

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REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

PLEASE PRINT

Name:

Address:

Contact Phone Number:

Date of Request:

Time of Request:

PLEASE SPECIFICALLY IDENTIFY THE RECORD(S) REQUESTED:

This is a request _____ to allow me to inspect the record(s).

This is a request _____ to allow me a digital copy of the record.

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

Date/Time Request Received:

Disposition Date/Time:

Name of Person Fulfilling Request:

Disposition of Request: