

TUCSON UNIFIED SCHOOL DISTRICT
Request for Public Documents

Date _____

Name

Address

City State Zip Code

Telephone Number

E-mail Address

Description of Records Requested:
Please be as specific as possible as to the public records you desire.

Purpose for which the information will be used:

Requesting Party Signature

Please read the following statement and sign below:

I have requested public records of the school district for a non-commercial purpose. I understand if the records should be used for a commercial purpose, a verified statement of the purpose must be submitted per A.R.S. § 39-121.03 and a commercial fee will be charged.

Signature

Date

Notice: Fees for the cost of reproducing public records for non-commercial purposes will be assessed as follows:

- \$.50 per page of a paper copy
- \$12.00 per videotape, digital video disc (DVD), or compact disc (CD)
- No charge for viewing records
- \$5.00 minimum charge for commercial requests

You may submit completed form via mail, fax, or e-mail:

- Mailing address: 1010 E. 10th Street, Room 42, Tucson, Az 85719
- Fax number: 520-225-6651
- E-mail address: PublicRecords@tusd1.org

EXPECTED COMPLETION DATE: _____

ACTIONS TAKEN TO FILL REQUEST

Date	Action
	Total cost charged requesting party \$ _____
	Assignment completed on _____ by _____