



**Gary Community School Corporation**  
STRONG ★ RESILIENT ★ BUILT FOR EDUCATION

900 Gerry Street, Gary, IN 46406  
(219) 886-6400

## REQUEST FOR PUBLIC RECORDS

(Pursuant to I.C. 5-14-3)

*(Please Print Clearly)*

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Date of Request: \_\_\_\_\_ Time of Request: \_\_\_\_\_

**Please identify, with reasonable particularity and detail, the record or records being requested:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Comments: \_\_\_\_\_

\_\_\_\_\_ This is a request for you to allow me to inspect the record/records described above.

\_\_\_\_\_ This is a request for you to provide me with a copy of the record/records at ten cents (\$0.10) per page for non-color copies, and (\$0.25) per page for color copies.  
If copies are requested to be submitted through the US Mail, postage will be added to cost.  
*(I understand I must pay the fee before the record/records will be copied).*

\*On order to assure the integrity of the data and protect the confidentiality, Gary Community School Corporation will NOT authorize enhanced access to public records on its computer network.

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE: FOR OFFICE USE ONLY**

Date and time request received: \_\_\_\_\_

Name of person receiving request: \_\_\_\_\_

**RECEIPT FOR REQUESTED DOCUMENTS**

This is to acknowledge receipt of the documents requested this \_\_\_\_ day of \_\_\_\_\_, 20\_\_  
Payment of \$ \_\_\_\_\_ for cost thereof.

Signature: \_\_\_\_\_

Approved by: \_\_\_\_\_