

WARWICK PUBLIC SCHOOLS

**Request form for records
under the access to public records act**

Date _____

Request Number _____

Name _____

Address _____

Telephone (optional) _____

Requested records _____

Official use only

Request taken by: _____ Request number _____

Date: _____ Time: _____

Records to be available on: _____ Mail _____ Pickup _____

Records provided: _____ Cost: _____

Forward this Document to the Department you are requesting records from. The records will be mailed to the above address unless stated otherwise that you choose to pick up.

If, after review of your request, the Department determines that the requested records are exempt from disclosure for a reason set forth in R.I. Gen. Laws 38-2-2 (4) (i) (A) through (Y), the Department reserves it right to claim such exemption.