**Request to Examine and/or Copy District Records**

**NOTE:** When a document is submitted that provides information requested by this form, there is no need to require the applicant to complete this form.

**PUBLIC ACCESS**

Records of the Board, except those specifically exempted by statute, are open to public inspection at the Office of the Superintendent. Persons desiring to examine records that are not exempt from public disclosure may do so during regular working hours. Regular working hours shall be posted at the main entrance of the Central Office and of each school building, as appropriate.

**Records exempted from public access include:**

1. Records of a personal nature where public disclosure is an invasion of personal privacy.
2. Records or information confidentially disclosed to the Board whose disclosure would permit an unfair advantage to competitors.
3. Records or negotiation of real estate transactions until such time as property has been acquired.
4. Test questions and scoring keys before an exam, examinations that are to be reused, and tests that are copyrighted.
5. Preliminary drafts and recommendations.
6. Student records that are prohibited from release by the Family Educational Rights and Privacy Act and/or the Kentucky Family Education Rights and Privacy Act.
7. Any record, the disclosure of which would have a reasonable likelihood of threatening the public safety.
8. Emergency plan and diagram of a school.

**Records Requested From:**

Records Custodian: ____________________________________________________________

District Name: ________________________________________________________________

District Address: _______________________________________________________________

**Records Requested By:**

Name (MUST BE PRINTED): _____________________________________________________

Address: _____________________________________________________________________

Phone #: ____________________________ Date: ________________________________

Are you the parent/guardian of a child enrolled in one of the District’s schools?  □ Yes □ No

If Yes: Child’s Name ____________________________ School ________________________

Specify in detail the record(s) requested. (Attach another page if necessary.)

_____________________________________________ ________________ __________________

Signature of Person Requesting Record(s)  Month/Day/Year

Please attach requests made by letter or FAX to this form.
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Any fees associated with the cost of copying shall be collected at the time copies are made. Fees shall not exceed actual copying costs. Copying cost per page shall not exceed 10 cents and postage may be charged if the requestor does not pick up the copies.

NOTE: Except when individuals designated by the Superintendent are reviewing records, an authorized school employee shall provide appropriate supervision while records are being inspected.

For Office Use Only

<table>
<thead>
<tr>
<th>Records Request received by</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Records Request referred to (if applicable)</td>
<td>Date</td>
</tr>
<tr>
<td>Records Request complied with</td>
<td>Date</td>
</tr>
</tbody>
</table>

Review/Revised: 6/25/2013