

Series 1000/Community Relations

E 1340/Access to District Records

REQUEST FOR PUBLIC RECORD

Name of Person Making Request:	
Phone Number:	Cell Number:
Mailing Address:	
Email:	
Name or Description of Document(s) Requested:	(be specific)
In compliance with California State Codes goverr within which to make a determination that the doc	ning release of public documents, the Ross Valley School District has 10 days
	district has "reasonable time" to fulfill your request and has the right to wish to have photocopies of the document(s); copies will be provided at a opying.
You may have the option of scheduling an appoir Superintendent's staff. Please check the approp	ntment to review the document(s) in question with a member of the riate box below.
☐ Request for appointment	☐ Copies only
Signature of Person Requesting the Document(s)
Date of Request	Date Received by District