

**SOUTH BEND COMMUNITY SCHOOL CORPORATION**  
215 S. Dr. Martin Luther King Jr. Blvd.  
South Bend, Indiana 46601  
(574) 393-6000

REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

**Please Print** Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (day) \_\_\_\_\_

Please clearly identify the public record being requested. Be as specific as possible.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This is a request for:  you to allow me to inspect the record  
(please check one)  you to provide me with a copy of the record. I understand that I must  
pay the copying fee (10¢ per page or 20¢ for double-sided page) before  
the record will be distributed.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

**DO NOT WRITE BELOW – FOR OFFICE USE ONLY**

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

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

Disposition of request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Request completed by: \_\_\_\_\_ Date: \_\_\_\_\_