

Tukwila School District 4640 S. 144th St Tukwila, WA 98168 206-901-8000 or 206-901-8016 Fax

Request for Public Records

Do not use this form to request student records.

Name:		
Firm/Organization:		
Address:		
City:	State:	ZIP:
Telephone Number:	Cell Number:	
E-mail:		
	hat you are requesting: (Please be specific about the distance of the form of a question)	he records you wish to see.
Request to inspect or review records	Request to obt	tain copies of records (.15 per page)
prohibiting using list of persons to proprohibiting using lists of individuals f	w limits certain uses, including but not liming the second of persons or for promotion for commercial purposes. By submitting the State of Washington that the requested	n or opposition of ballot measures and his form, I hereby declare under
Printed Name:	Date	
Signature:		
	Official Use Only	
Date received:	•	
Response Deadline:	Requested Pick-up Date:	
Employee competing request:		<u> </u>
Employee Signature:		<u> </u>