

**KETCHIKAN GATEWAY BOROUGH SCHOOL DISTRICT  
ACCESS TO DISTRICT RECORDS**

Person(s) Requesting Records: \_\_\_\_\_

Name(s): \_\_\_\_\_

\_\_\_\_\_

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

Day-time Phone Number: \_\_\_\_\_

Please describe the records that you are requesting:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*You may be charged a fee based on the actual costs of duplication,  
including personnel costs.*

---

**For District Use: Only**

Are the requested records public? (yes or no)

Referred to: (name of records custodian) \_\_\_\_\_

Amount to charge: \_\_\_\_\_

Approved: \_\_\_\_\_

Superintendent or Designee

Records made available on (*date*): \_\_\_\_\_

By: \_\_\_\_\_