



Talawanda School District Public Information Request Form

Date: _____

Type of record requested: _____

Name of Requestor (optional): _____

Email address of requestor: _____

Phone number of requestor: _____

Mailing address of requestor: _____

Please detail your request below:

Public records procedure:

The Talawanda School District will fulfill requests for public records according to the Ohio Revised Code. You are not required to provide your name for record requests. Contact information is requested so that questions regarding the request can be answered. We request email addresses for possible transmission of public records. Each request will be tracked on when it was received, when it was fulfilled and its tracking number assigned by the custodian of records.

For Office Use Only: Date Received: _____ Tracking Number: _____ Date Fulfilled: _____ Signature of Records Custodian: _____
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