



PUBLIC RECORDS REQUEST FORM*

Please Print Legibly or Type

Date of Request: _____

Name of Requestor: _____

Company/Organization: _____

Phone Number(s): _____

Email Address: _____

Mailing Address: _____

Public Records or Information Requested:

(Describe the records or information sought with enough detail for the Peninsula School District to respond. Be as specific as your knowledge of the available records will allow; however, it is more important to describe the information you are seeking.)

I understand my request is subject to disclosure under the Washington State Public Records Act (RCW 42.56). I understand that if a list of individuals is provided to me by the Peninsula School District, it will neither be used for commercial purposes or to give or provide access to material to others for commercial purposes, as prohibited by RCW 42.56.070(9).

Return Form to:

Mail: Public Records Manager
Peninsula School District
14015 - 62cnd Ave NW;
Gig Harbor, WA 98335-8607
Fax: (253) 530-1010
Email: publicrecords@psd401.net

**Do NOT use this form to request Student Records or Transcripts*