



SUNNYSIDE
SCHOOL DISTRICT
Learning Today for a Brighter Tomorrow

Sunnyside School District
Public Records Request Form
(Please Print)

Date of Request _____

Name of Requestor: _____

Company/Organization _____

Phone Number: _____ Fax Number: _____ Email: _____

Mailing Address: _____

Name and detailed description of public record or information requested.

I understand that I will be charged 15 cents per page for all standard and legal sized copies. I understand that my request is subject to disclosure under the Washington State Public Records Act (Chapter 42.56 RCW). I understand that if a list of individuals is provided to me by the Sunnyside 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 RCY 42.56.070(9).

Requestor's Signature: _____ Date: _____