SCOTTSBLUFF PUBLIC SCHOOLS
OPEN RECORDS REQUEST FORM

Under the Nebraska Public Records Law § 84-712 et. seq., I am requesting an opportunity to inspect or obtain copies of the following public records from Scottsbluff Public Schools:

Requester Name: _____

Company/Institution (if applicable): _____

Requester's Affiliation: € Media € Researcher € Policymaker € Business € Parent € Other

Address: _____
(Street) (City) (State) (Zip Code)

Email Address: _____ Fax Number: _____

Please Provide Records To: € Email € Physical Address € Fax Number

Description of Data Being Requested: _____
_____
_____

Reason for Data Request and How Data will be Used: _____
_____
_____

If there are any fees associated with searching or copying these records, the requester will be informed of the cost prior to the completion of the records request. Nebraska Public Records Law requires a response time of four business days. If access to the requested records will exceed this time frame, the District will contact the requester.

Please return to:
Scottsbluff Public Schools District Office
2617 College Park
Scottsbluff, NE 69361
info@sbps.net

For Office Use Only:

Date of Receipt: _____ Approved: _____ Denied: _____

By: _____, _____
(Administrator) (Title)

If Approved, Date Provided to Requester: _____ Route: € Email € Physical Address € Fax