

**Bristol Warren Regional School District**  
**REQUEST FOR RECORDS**  
**UNDER THE ACCESS TO PUBLIC RECORDS ACT**

Date \_\_\_\_\_ Request Number \_\_\_\_\_

Name (optional) \_\_\_\_\_

Address (optional) \_\_\_\_\_

Telephone (optional) \_\_\_\_\_

Requested Records (Please be as specific as possible—failure to specify may result in a delay in responding to your request):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Office Use**

Request taken by: \_\_\_\_\_ Request Number \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Records to be available on: \_\_\_\_\_ Mail  Pick Up

Records provided: \_\_\_\_\_

Costs: \_\_\_\_\_ # of copies \_\_\_\_\_ Search and retrieval charge: \_\_\_\_\_

**Access to Public Records Request Receipt**

If you desire to pick up the records, they will be available on \_\_\_\_\_ at the front desk. If appropriate, please bring sufficient funds to cover the estimated cost of the search and copies which has been provided to you. If, after review of your request, the Department determines that the requested records are exempt from disclosure for a reason set forth in R.I. Gen. Laws § 38-2- 1 et seq. (as amended from time to time), the Department reserves its right to claim such exemption.

Note: If you chose to pick up the records, but did not include identifying information on this form (name, etc.), please inform the receptionist at the front desk of the date you made the request, record requested and request number.

Thank you.