

**Clarke County BOE Open Records Act (ORA) Request Form**

Requestors should complete and submit this request form to gpowell@clarkecountyschools.org. Open records request will not be reviewed without the submission of a completed form and requestors are encouraged to confirm receipt of this form by board staff.

**Please note**: The time necessary to fulfill an open records request depends on the records requested; the work it takes to gather these records; and the availability of staff to fulfill such request without unduly interfering with their other job duties and may vary greatly. The ORA does not require the school system to answer questions, provide official comments or create documents that do not already exist. Such requests will not be viewed as ORA requests.

**Exemptions**: State law provides that some information may be exempted from disclosure including, but not limited to, records that the disclosure of which would otherwise be detrimental to the best interests of the public; sensitive personnel record;, or records protected from disclosure by other state and federal laws, including the Family Educational Rights and Privacy Act (FERPA).

**Costs:** The cost for copies of documents is $0.50 per page. An administrative fee that covers research, preparation and/or recovery costs may also be assessed depending on the amount of staff time required to compile the requested documents. The total cost may vary greatly depending on the request being made. The requestor will be provided with an estimated cost for reproduction and fees before the fulfillment of the request. No work will be done to fulfill your request until the payment is received.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specify a date range for the requested records:

Provide a detailed description of the records or type of record you are requesting:

To help in the fulfillment of your request, please provide a statement explaining the purpose of your request:

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Signature of requestor Date