Sequim School District No. 323 *Engage Empower Thrive*

503 N Sequim Avenue, Sequim, WA 98382 Telephone: (360) 582-3262, FAX: (360) 683-6303 www.sequimschools.org

REQUEST FOR ACCESS TO SEQUIM SCHOOL DISTRICT RECORDS **RCW CHAPTER 42.56**

	SECTION 1: Records Request
Name of Requestor:	Date of Request:
Address:	Phone Number:
E-Mail Address:	
To assist with record identification, list names of other persons named in the records you seek (if known):	
I wish to inspect or receive a copy of the following record(s): (Please describe the documents in detail additional	
pages may be attached)	
Request made in writing:	I wish to have the requested documents:
☐ In person	☐ Sent electronically
☐ By mail	☐ Mailed
☐ By email	☐ Inspect in person
□ By fax	
Fees:	
\$0.15 per page for photocopies, printed copies of electronic records when requested by requestor, or the use of	
agency equipment to make photocopies	
\$0.10 per page for scanned records or use of agency equipment for scanning.	
\$0.05 per 4 electronic files or attachments for records uploaded to email, or cloud-based data storage service,	
or other means of electronic delivery.	
\$0.10 per gigabyte for records transmitted in electronic format or for use of agency equipment to send records	
	I storage media or device, any container or envelope used to mail copies,
postage or delivery charges.	
Charges above may be combined to the extent more than one type of charge applies to	
copies responsive to a particular request.	
I certify or declare that any list of individuals obtained will not be used for any commercial purpose.	
Signature of Requestor	Dated
Requests must be submitted to the Public Records Officer either at the District Office located at 503 N Sequim	
Ave, Sequim, WA 98382 or publicrecords@sequimschools.org. Unless otherwise notified, agency responses will	
be completed within five (5) business days.	
This completed form is an open public document and may be released to any requester.	
SECTION 2: FOR SEQUIM SCHOOL DISTRICT USE ONLY	
DATE:	
DEPARTMENT:	
REQUEST RECEIVED BY:	



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SECTION 3: AGENCY RESPONSE Allow Access Deny Access ☐ We do not have the record(s) ☐ The records you have requested are legally exempt from public disclosure by the following authority: **SECTION 4: Requestor Notification** Name of Person Notified: Time: Date: I made the District's final response as stated. □ By mail Signature: ☐ By phone ☐ In person Name: □ By email Documents given to the Requestor: Date mailed to Requestor: Notes: Legal Opinion- CONFIDENTIAL, NOT FOR RELEASE TO PUBLIC- RCW 5.60.060: