

**CENTRAL FALLS PUBLIC SCHOOLS
REQUEST FORM FOR RECORDS UNDER THE ACCESS TO PUBLIC RECORDS ACT**

Date _____

Name _____

Address _____

Telephone _____

E-MailAddress _____

REQUESTED RECORDS: OFFICE USE ONLY:

Request taken by: _____

Date: _____ Time: _____

Date Records Provided: _____ Mail _____ E-Mail _____ Pick Up _____