



Florida High School Athletic Association

# Public Records Request Form

## SECTION A: Requestor Information

Name \_\_\_\_\_

Organization \_\_\_\_\_

Email Address \_\_\_\_\_

Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

## SECTION B: Directions for this form

- Please be specific with your request. The Florida High School Athletic Association does operate within the Sunshine Law, yet all student information must be redacted.
- Please submit only one public records request per form.
- Our hourly rate for redaction is \$25 per hour. The first 30 minutes is free for all research.
- Once the research is complete, the redaction process begins followed by the copying process. Copying is \$0.15 per page and copies must be made before and after redaction.
- The time for completing the majority of public records requests is **5 to 10 business days after receipt of all funds.**
- This is a typable form. Please complete this form using Adobe's free Acrobat Reader software downloadable at <http://adobe.com/reader>.
- To submit this form, fax to **ATTN: DR. PEGGY JONES at (352) 244-5046**

All information is filed and sorted by member school name. If the request is extremely broad, we may ask you to narrow your request so we can get the information to you in a timely manner. Once the request is received, an estimate of the costs will be sent to you for approval before we charge your credit card. Only once **all money is received** or the **credit card has been approved** by our finance department, will work begin on research and redaction.

**SECTION C: Public Information Requested**

Please be specific as possible in the public information that you are requesting.

**SECTION D: Credit Card Payment Information**

Name on Card \_\_\_\_\_

Billing Address \_\_\_\_\_  
\_\_\_\_\_

Billing City \_\_\_\_\_

State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone Number \_\_\_\_\_

Credit Card Type ☐ Visa ☐ MasterCard

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

3 Digit Security Code \_\_\_\_\_

- \* **The FHSAA will contact you with an estimate for approval before charging your credit card.**
  - \* **Work will not begin on research and redaction until all funds have been received and approved by our finance department.**
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If you wish to send a check, please make the check out to “**Florida High School Athletic Association**” and mail to the following address:

**Florida High School Athletic Association, Inc**  
**Attention: Dr. Peggy Jones**  
**1801 NW 80<sup>th</sup> Blvd**  
**Gainesville, FL 32605**

- \* **Work will not begin on research and redaction until all funds have been received and approved by our finance department.**