



PUBLIC RECORDS REQUEST FORM

Please Print Legibly or Type ; Do NOT use this form to request Student Records or Transcripts

Date of Request: _____

Name of Requestor: _____

Company/Organization: _____

Phone Number(s): _____

Fax Number: _____ Email Address: _____

Mailing Address: _____

Detailed Description of Public Records or Information Requested:

I understand that I will be charged .50 cents per page for all standard and legal sized copies. I understand my request is subject to disclosure under Indiana's Access to Public Records Act ;Ind. Code §5-14-3-1 et seq. I understand that if a list of individuals is provided to me by the Switzerland County School Corporation, it will neither be used for commercial purposes or to give or provide access to material to others for commercial purposes.

Return Form to:

Switzerland County School Corporation

Central Administration Building

1040 W. Main Street Vevay, IN 47043

Fax: (812)427-2044

Email: public_records@switzerland.k12.in.us