REQUEST FOR PUBLIC RECORDS

A “public record” is any writing (whether typed, handwritten, printed, photographed, or electronically transmitted) containing information related to the public’s business that is prepared, owned, used, or retained by a state or local governmental agency.

Any person may request access to the public records of any state or local government agency which it has in its possession.

If you would like to inspect, or request a copy of, any public record in the possession of the Fresno Unified School District, please complete this form and submit it to the Constituent Services Office at the address listed below.

Date of Request: ____________________     Date Received: ________________
Name: _______________________________________________________________________________________
Mailing Address: ______________________________________________________________________________
City/State/Zip Code: ____________________________________________________________________________
Phone (day/evening): _____________________   Cell Phone: _________________________
Description of item(s) requested: __________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Please check appropriate box(es) below:
☐ Inspection. Public records may be inspected free of charge. The Constituent Services Office will contact you to arrange for your inspection during normal business hours.
☐ Copies. $.10 per page. Requests for copies of 10 pages or fewer shall be free of charge for a maximum of one request per month.
☐ If document(s) are available in PDF format and can be emailed, there will be no charge. Provide email address: _____________________________________________________
☐ USB flash drive $10 each
   Sub-total $______________
   Total Cost of Request: $_________

Method of Payment:
☐ Check - Please make checks payable to: Fresno Unified School District
☐ Cash - Must have exact amount

Constituent Services Office Use Only:
Information Provided By: ____________________     Date: ________________
Information Received By: ____________________     Date: ________________