

**Grand Island Public Schools
9230.1 Request for Records/Information**

Name: _____ Date: _____

Address: _____

What information or record(s) are you requesting? (Please be specific.)

Signature of Individual Making Request

Office Use Only

Date request received: _____

Request approved

Date request completed: _____

Request denied
Reason for denial (as per Neb. Rev. Stat. 84-712.04):

Superintendent or Designee

Date