



GATEWAY PREPARATORY ACADEMY

A N I R O N C O U N T Y C H A R T E R S C H O O L

TO: _____

(Director or Business Manager)

DESCRIPTION of records requested: (Be as specific as possible, i.e., type of records, dates wanted, etc.)

____ I would like to inspect the records.

____ I would like to receive a copy of the records. I understand that I will be responsible for copy costs. I authorize costs up to \$_____.

____ I would like to receive a copy of the records and request a waiver of copy fees pursuant to UCA 63G-2-203(4). Please explain your circumstances.

If the requested records are not public, please explain why you believe you are entitled to access.

____ I am the subject of the record. (Photo ID required.)

____ I am the person who provided the information. (Photo ID required.)

____ I am authorized to have access by the subject of the record or by the person who submitted the information.

____ Other. Please explain. _____

Name of requester: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Daytime phone number where requester can be reached: _____

Signature: _____ Date: _____