

EMERY COUNTY SCHOOL DISTRICT POLICY

Date Adopted: 8/12/1992	Last Review/Revision: 1/7/2009	CODE: GBJC/JR-E
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Emery County School District
G.R.A.M.A. Request Form

To: _____
(Name of Government Office holding the records and/or name of agency contact person)

Address of Government Office: _____

Description of Records Sought: _____
(Please be as specific as possible)

I would like to inspect (view) the records.

I would like to receive a copy of the records. I understand that I may be responsible for copying or research charges as permitted by Utah Code 63-2-203. I also understand that I may be responsible for charges if my request requires any compiling, formatting, manipulating, summarizing or tailoring of records.

If you are requesting a waiver of charges related to your request, please explain why you should receive a waiver:

Releasing the record primarily benefits the public rather than a person. Please explain:

I am the subject of the record. (Photo ID Required)

I am the authorized representative of the subject of the record. (Please attach supporting information)

My legal rights are directly affected by the record, and I am impoverished. (Please attach supporting documentation)

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 record or by the person who submitted the information. (Please attach documentation required by Utah Code 63-2-202)

Other. Please explain: _____

I am requesting an expedited response. (Please attach information that demonstrates you are entitled to an expedited response)

Requester's Name: _____

Mailing Address: _____

Telephone Number: _____ Date: _____

Signature: _____