

## Records Request Form

Date of Request : \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Request:

*Attach additional page if needed.*

Please complete the following student information, if applicable.

Student's name: \_\_\_\_\_ School: \_\_\_\_\_

Student's date of birth: \_\_\_\_\_

Pursuant to O.C.G.A. § 50-18-71(c)(1), the Board of Education may charge reasonable fees for search, retrieval, and other direct administrative costs based on an hourly rate. In addition, the Board of Education may also charge an administrative fee for the records (\$.10 per page).

☐ Check if request is being picked up

☐ Check is request is to be mailed

☐ Check is request is to be emailed

Signature \_\_\_\_\_

Name (print) \_\_\_\_\_

Please return this form to:

Caressa Gordon

Open Records Officer

181 North Mulberry Street

Jackson, GA 30233

Email: [gordonc@bcssk12.org](mailto:gordonc@bcssk12.org)

Phone: (770) 504-2300

Fax: (770) 504-2305