



Greene County School System
 Open Records Request Form
 Under the Open Records Act
 O.C.G.A. 50-18-70

Educate - Inspire - Challenge - Support

Requestor Information

| | | |
|------------------|-----------------|-------|
| Name: | Organization: | Date: |
| Telephone: | E-Mail Address: | |
| Mailing Address: | | |

Records Requested: Indicate record(s) description and/or name of document(s) below. Please provide as much specific detail as possible so that we can identify the information. Use additional sheets as necessary.

Records requested for: On-site Inspection Copies to pick-up Copies via U.S. Mail Other: _____

According to O.C.G.A. 50-18-70, school systems shall provide requested records within three business days at a fee not to exceed twenty-five cents per page copied. In addition, a reasonable charge may be collected for search, retrieval, and other direct administrative costs for complying with a request under this Code section. The hourly charge shall not exceed the salary of the lowest paid full-time employee having the necessary skill and training to perform the request. However, no charge shall be made for the first quarter hour.

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| <p align="center">Please return this form via U.S. Mail to:</p> <p align="center"> Open Records Request Official Custodian of Records Greene County School System 101 East Third Street Greensboro, Georgia 30642 </p> | <p>I understand and agree to all applicable fees associated with this request under and in compliance with the Georgia Open Records Act O.C.G.A. 50-18-70:</p> <p>Signature: _____</p> <p>Printed Name: _____</p> <p>Date: _____</p> |
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OFFICE USE ONLY

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|---|---|
| Date Received: | Received by: |
| Request Submitted By: <input type="checkbox"/> U.S. Mail <input type="checkbox"/> Fax <input type="checkbox"/> E-Mail <input type="checkbox"/> In-Person | Fees Assessed: _____ pages at _____ per page totaling \$ _____ _____ hour(s) at _____ per page totaling \$ _____ Additional: _____ \$ _____ <p align="right">Total Fees \$ _____</p> |

APPROVAL

| | |
|--|------------------------|
| Custodian of Public Records, or designee approval: | Date: |
| Date <input type="checkbox"/> U.S. mailed / <input type="checkbox"/> E-Mail / <input type="checkbox"/> delivered / <input type="checkbox"/> picked-up: | Date payment received: |