

**INSPECTION/DUPLICATION OF RECORDS REQUEST**

1. Name of requestor: \_\_\_\_\_  
(Please print or type name)

2. Requestor's address: \_\_\_\_\_  
\_\_\_\_\_

3. Requestor's phone number: \_\_\_\_\_

4. Requestor's email address: \_\_\_\_\_

5. Request for:  Inspection/access only       Copy/duplication

6. Records requested (please provide a detailed description; attach additional pages if necessary): \_\_\_\_\_

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Requestor

Date form submitted: \_\_\_\_\_

This form can be submitted via email to [openrecords@knoxschools.org](mailto:openrecords@knoxschools.org) or to the Director of Public Affairs at the address listed below.