

Arizona Connections Academy

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## **Public Records Request Form**

Complete and submit this form by email to the address shown above to request public records from Arizona Connections Academy. If you require an alternative method to requesting public records, please contact the school. After receiving your request, we will contact you within the legally mandated time frame or no more than five (5) days after receiving the request, to confirm receipt of your request, advise you whether the records are available for public inspection and, if so, when, and let you know as permitted by law if the School will be charging and how much the requested records will cost if you desire that copies be made. All payment must be submitted by mail using a check payable to "Arizona Connections Academy." Please write "Records Request" in the Notes line of your check.

Last Name		First Name	Middle Nome		Organiza	tion (ontional)
		First Name	Middle Name		Organization (optional)	
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Address where re	ecords should be	mailed: (□Check her	e if address is the same	as above.)		
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or Office Use Only (At	ttach a copy of the chec		e Records Mailed Rev	viewer's Name		