**FREEDOM OF INFORMATION ACT RECORD REQUEST**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This is a request to the Colleton County School District under the **South Carolina Freedom of Information Act, §30-4-10 et seq.**

I request that a copy of the following records(s) be provided to me:

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

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I am (please check one)

\_\_\_\_\_ a representative of the news media and this request is made as part of news gathering and not for a commercial solicitation.

\_\_\_\_\_ affiliated with an educational or noncommercial institution and this request is made for a scholarly or scientific purpose and not for a commercial solicitation.

\_\_\_\_\_ affiliated with a private business and am seeking information for use in the company’s business.

\_\_\_\_\_ an individual seeking information for personal use and not for a commercial solicitation.

I am willing to pay fees for this request up to a maximum of $\_\_\_\_\_\_\_\_\_. If you estimate that the fees will exceed this limit, please inform me first.

**NOTICE: S.C. law provides that it is a crime to knowingly obtain or use personal information from a public body for commercial solicitation. (S.C. Code §30-2-50)**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

--------------------------------------------OFFICE USE BELOW---------------------------------------------

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date 10 day letter sent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sent by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Complied: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Complied by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_