

**(BEAUREGARD PARISH SCHOOL BOARD  
PUBLIC RECORDS REQUEST FORM**

**Step I.** Complete the following information (please print), sign and date.

_____		_____	
Name	Organization Name, if applicable		
_____			
Address	City	State	Zip Code
_____			
_____	_____	_____	
Phone Number	Fax Number	Federal Tax ID # of Organization or Social Security Number of Requestor	

Description of Public Records Requested:

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

Action Requested: (check appropriate box)

- Have records segregated for in-person review at the BPSB Central Office on one of the following requested dates \_\_\_\_\_  
(You will be notified of the date(s) and time(s) the requested records will be available for viewing.)
  
- Have copies made and pick them up in person. (Cost of copies at 25 cents a page shall be paid in advance or upon pick-up by check or money order made payable to Beauregard Parish School Board.)
  
- Have copies made and mailed to me. (Costs of copies and postage shall be paid in advance by check or money order made payable to Beauregard Parish School Board.)

I hereby request that copies of the public records described above be made. I understand that I am responsible for the actual cost of the copies requested, and I agree to pay the cost of the copies (25 cents per copy) made at my request. I also understand that no copies shall be returned for credit.

_____	_____
Signature	Date

**Step 2:** Submit completed form to: Custodian of Records, Timothy J. Cooley, Superintendent, 202 W. Third Street, DeRidder, LA 70634 or Fax to 337-463-6735.

To be Completed by Custodian of Records		
Est. # of pages to be copied _____	Est. postage cost \$ _____	Total Est. Cost \$ _____

**Step 3:** Pay or make arrangements to pick up and pay for copies with Custodian of Records. If payment of the total estimated cost of \$ \_\_\_\_\_ is not received (or arrangements made for pick up) within 15 working days after notice of estimated cost is made and you still want copies, initiate a new request.

To be Completed by Custodian of Records	
Total number of copies made: _____	Payment received for copies \$ _____
Date copies mailed/picked up: _____	(Initial by Custodian of Records or his/her designee)