

USD 383 – Manhattan, Kansas

Public Request for Open Records

Name of person requesting record(s): _____

Address of person requesting record(s): _____

Email of person requesting record(s): _____

Specific Record(s) being requested:

Approval to release record(s): _____

Denial to release record(s): _____

Delayed release of records(s): _____

Reason for denial or delay:

Custodian Name and Date

For Office Use Only:

Date and time request was made: _____

Date and time request was filled: _____