



Office of Public Reporting
 PO Box 771
 Jackson, MS 39205-0771
 601-359-3857
 Email: reporting@mdek12.org

Requesters Public Records Request/Report Information

Full Name: _____
 Last First M.I.

Organization: _____

Address: _____
 Street Address

City State Zip Code

Phone: _____ Alternate Phone: _____

Email: _____

Information Requesting

I hereby request the following records maintained by the MS Department of Education. (Request shall be specific enough to allow the Department employees to identify and retrieve records requested)

- My Request is to:
- _____ 1. Review the records listed above
 - _____ 2. Receive copy (s) of records listed above
 - _____ 3. Mail copy (s) of records to address shown above

I understand that appropriate charges for searching, copying and/or mailing shall be paid in full prior to granting this request. I acknowledge that the Mississippi Department of Education has a minimum of seven (7) working days from the date of receipt to respond to my request in accordance with MS Public Records Act § 25-61-1 seq.

Signature of person making request: _____

Title Date

MDE USE ONLY

Footprint Number: _____ Date Completed: _____

Approved Denied

Office of Public Reporting: Initials _____ Date _____

Legal: Initials _____ Date _____

Cost: \$ _____ Date Payment Received: _____