



Public Records Request Form

To better handle your request, please print and complete the Public Records Request Form. Submission of this form is not required in order to receive records from CMSD.

PLEASE PRINT

Request submitted by:

Name: _____

Daytime Phone: _____ Cell: _____ E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Records/Information Requested (Please be specific):

Request to inspect records Request copies of records

Submit Public Records Request Form
by mail to: Cleveland Metropolitan School District
Attn: Communications & Family/
Community Relations Dept. #317
1380 E. 6th St., Cleveland, OH 44114
or fax to: (216) 574-8186
E-mail: publicrecordsrequest@cmsdnet.net

Cost for copies: Cash, money orders or bank checks will only be accepted and payable to:
8½ x 11"\$.05/page
8½ x 14"\$.05/page
11 x 17"\$.05/page
Cleveland Metropolitan School District

To be completed by the Communications & Family/ Community Relations Dept.

Date Request received: _____ Time: _____

Response due date: _____

Responsible staff member(s): _____

Total pages copied: _____ X _____ \$._____ = _____

TOTAL PAID: _____

Request completion date: _____