



**Please indicate how you want to receive the records.**

<input type="checkbox"/> Review in Person	<input type="checkbox"/> Paper Copies <i>(fee)</i>	<input type="checkbox"/> Pick-up <i>(fee)</i>	
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*For District's Use Only*

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Comments and/or reason, if denied. <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
District Secretary's Signature _____ Request Received _____ Response Due _____ Requestor Notified _____	Date _____   Request Completed _____
Initials _____	Initials _____