



**ELEVATE ACADEMY  
PUBLIC RECORDS REQUEST FORM**

*[This is a 4-page form]*

**STEP NO. 1 REQUESTER COMPLETES THIS PAGE AND FILES REQUEST:**

Idaho Code § 74-102 provides the procedures for reviewing and/or copying public documents. All requests to examine or copy public records **MUST BE MADE IN WRITING**. Please complete this form. All copies made are subject to a copying cost that may be required prior to receipt of records. All requests received after normal business hours (excluding holidays) shall be deemed received the next business day.

PLEASE TYPE OR PRINT LEGIBLY

Name of Requester: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Company: *(if applicable)*: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

I Request to Receive the Response to My Public Records Request in the Following Format:

**(CHECK ONE)**  Mail  Phone  E-mail  Fax

Description of the Public Records Requested:

**NOTICE TO REQUESTER - Exemptions from Fees**

No fee for labor and/or copying shall be charged in the event the requester demonstrates that the requester's examination and/or copying of public records:

- Is likely to contribute significantly to the public's understanding of the operations or activities of the government; and
- Is not primarily in the individual interest of the requester including, but not limited to, the requester's interest in litigation in which the requester is or may become a party; and,
- Would not otherwise occur because the requester has insufficient financial resources to pay such fees.
  - I am not claiming an exemption.
  - I am claiming an exemption based upon the following:  
*[Set out your factual basis, addressing all three above stated requirements, demonstrating a basis for the claim of exemption and attach to Public Records Request.]*

Signed: \_\_\_\_\_  
Requester

Date: \_\_\_\_\_




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**FOR OFFICIAL USE ONLY BELOW THIS LINE**  
**Routing and Response**

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**STEP NO. 2: COMPLETED BY CUSTODIAN OF ELEVATE ACADEMY RECORDS**

Preliminary Determination Action:

NOTE: Initial only where applicable to request. If not applicable, leave blank and proceed to Step No. 3.

<input type="checkbox"/> Response will take up to ten (10) days to locate and retrieve the public records requested.	Requestor Contacted: Date: _____ Initial: _____ Notification by: <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> E-mail <input type="checkbox"/> Fax
<input type="checkbox"/> Request may be denied or subject to redaction and will require review by the School District's Attorney.	Requestor Contacted: Date: _____ Initial: _____ Notification by: <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> E-mail <input type="checkbox"/> Fax Attorney Notified for review: _____ Notification by: <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> E-mail <input type="checkbox"/> Fax
<input type="checkbox"/> Request is broad in scope and/or is likely to include voluminous materials or involve more than two (2) hours of labor; information provided to requester to narrow scope of request.	Requestor Contacted: Date: _____ Initial: _____ Notification by: <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> E-mail <input type="checkbox"/> Fax
<input type="checkbox"/> Requester(s) has/have made multiple requests. Notice provided to requester(s) that requests have been aggregated and appropriate fees will be charged.	Requestor Contacted: Date: _____ Initial: _____ Notification by: <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> E-mail <input type="checkbox"/> Fax
<input type="checkbox"/> Advance payment of fees required. [Advance fees to be credited to the School District's general fund. If advance payment exceeds the fees charged, the difference shall be returned to the requester.]	Requestor Contacted: Date: _____ Initial: _____ Notification by: <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> E-mail <input type="checkbox"/> Fax



**STEP NO. 3A: COMPLETED BY CUSTODIAN OF ELEVATE ACADEMY RECORDS, WHEN REQUEST GRANTED.**

NOTE: Custodian of the Elevate Academy Records Completes Request, As Appropriate. (Granted-A- or Denied-B)

<input type="checkbox"/> <b>Request Granted</b>		
Initial: _____	Date: _____	Request Completed By: _____ Completion Date: _____
Initial: _____	Date: _____	Requestor Contacted: _____ Notification by: <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> E-mail <input type="checkbox"/> Fax
Initial: _____	Date: _____	Date Request Obtained: _____

**Complete Statement of Fees (When Charged):**

<i>Copying Costs per page [over 100 pages]</i>	<i>\$.15</i>	<i>\$</i>
<i>Administrative fee for request which involve labor costs for more than 100 pages, or include records from which non-public information must be deleted, or when actual labor associated with locating and copying documents exceeds two (2) person-hours [not including time for preparing first 100 pages]</i>	<i>\$ 25 per hour</i>	<i>\$</i>
<i>Attorney fee for requests requiring redaction</i>	<i>\$140 per hour</i>	<i>\$</i>
<i>Duplication of computer tape, computer disks, microfilm, or similar or analogous record system</i>	<i>Actual costs incurred</i>	<i>\$</i>
	<i>TOTAL</i>	<i>\$</i>

<b>Identify Documents Attached to Response of Public Records Request:</b>	
<b>Document Description</b>	<b>Bates Numbered</b>



**STEP NO. 3B: COMPLETED BY CUSTODIAN OF ELEVTAE ACADEMY RECORDS WHEN THE REQUEST IS DENIED IN PART INCLUSIVE OF REDACTIONS OR DENIED IN TOTAL.**

NOTE: Custodian of Elevate Academy Records Completes Request, As Appropriate.  
(Granted-A- or Denied-B)

<p><input type="checkbox"/> <b>Request Denied in Part and/or Redacted:</b> Statutory Basis for Denial in Part and/or redaction:</p> <p><b>School District Attorney’s Review:</b> You are advised that the School District’s Attorney has reviewed your request.</p> <p><b>Notice of Right of Appeal:</b> You are hereby notified that you have a right to appeal this partial denial response by instituting a proceeding in the District Court of the State of Idaho within one-hundred eighty (180) calendar days from the date of mailing of this notice of denial as provided in Idaho Code § 74-115.</p>	<p><b>Requestor Contacted:</b> Date: _____ Initial: _____</p> <p><b>Notification by:</b>  <input type="checkbox"/> Mail  <input type="checkbox"/> Phone  <input type="checkbox"/> E-mail  <input type="checkbox"/> Fax</p>
<p><input type="checkbox"/> <b>Request Denied in Total:</b> Statutory Basis for Denial:</p> <p><b>School District Attorney’s Review:</b> You are advised that the School District’s Attorney has reviewed your request.</p> <p><b>Notice of Right of Appeal:</b> You are hereby notified that you have a right to appeal this denial response by instituting a proceeding in the District Court of the State of Idaho within one-hundred eighty (180) calendar days from the date of mailing of this notice of denial as provided in Idaho Code § 74-115.</p>	<p><b>Requestor Contacted:</b> Date: _____ Initial: _____</p> <p><b>Notification by:</b>  <input type="checkbox"/> Mail    <input type="checkbox"/> Phone    <input type="checkbox"/> E-mail    <input type="checkbox"/> Fax</p> <p><b>Attorney Notified for Review:</b> Notification by:  <input type="checkbox"/> Mail    <input type="checkbox"/> Phone    <input type="checkbox"/> E-mail    <input type="checkbox"/> Fax</p>

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Clerk of the District, Elevate Academy