

# VSBA Policies - 1<sup>st</sup> Reading

## C. Forms Updated

KBA-F1	Request for Public Records
KBA-F2	Record of Inspection and/or Delivery of Copies
KLB-E	Request for Reconsideration of Learning Resources

### REQUEST FOR PUBLIC RECORDS

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

E-mail address \_\_\_\_\_

Phone \_\_\_\_\_

I am a (check one):

- Citizen of the Commonwealth of Virginia
- Member of the Press Referred in Va. Code §2.2-3704  
News Organization \_\_\_\_\_

**~~OFFICIAL PHOTO IDENTIFICATION  
MUST BE PRESENTED PRIOR TO  
INSPECTION OF RECORDS OR RECEIPT  
OF ANY COPIES  
(PHOTOCOPY ACCEPTABLE WITH  
MAILED/FAXED REQUEST)~~**

Identification must be presented prior to inspection of records or receipt of copies. A photocopy of identification is acceptable with a mailed/faxed request.

**STAFF USE ONLY**

Date Request Received: \_\_\_\_\_

Request was made (check one)

- by requester on this form
- by telephone
- in writing other than on form  
(attach original request)

Date Response Sent: \_\_\_\_\_  
(attach copy)

- Identification Verified  
Type: \_\_\_\_\_  
Number: \_\_\_\_\_
- ~~Date Inspection Made: \_\_\_\_\_  
(attach record)~~
- Itemized Cost Estimate Attached

I am requesting access to the following records (please be as specific as possible, and attach additional paper if necessary):

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Reasonable costs for copying, search, and computer time may be assessed in connection with this request. A current schedule of costs appears in Regulation KBA-R. If the costs associated with this request are expected to exceed \$200, the requestor will be asked to pay the estimated costs before the request is processed.

In addition, the requestor may ask for an advance determination of the cost of the request. Please indicate here if you would like an advance determination of cost. Yes \_\_\_\_\_ No \_\_\_\_\_

If you are requesting copies, please specify the format in which you would like to receive them. BLANK school division will provide the record(s) in the requested format if that medium is used by it in the regular course of its business.

Specify format desired (if available):

- Photocopies                       E-mail (give address): \_\_\_\_\_
- Website posting                       Other (please specify): \_\_\_\_\_
- ~~Check this box to request an advance determination of cost.~~

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**RETURN COMPLETED FORM TO:  
BLANK COUNTY PUBLIC SCHOOLS  
[INSERT CENTRAL OFFICE ADDRESS]**

**RECORD OF INSPECTION and/or  
DELIVERY OF COPIES**

**Inspection of Public Records**

Date \_\_\_\_\_ Time In \_\_\_\_\_ Time Out \_\_\_\_\_

Person ~~Reviewing/~~  
Requesting Inspecting  
Records  
Name \_\_\_\_\_ Signature \_\_\_\_\_

Staff Person in Attendance  
~~or Providing Copies~~  
Name \_\_\_\_\_ Signature \_\_\_\_\_

Records Reviewed (describe)

~~Photocopies~~ **Copies of Public Records**

<u>Item</u> <u>Record</u>	<u>No. Pages</u>	<u>Date Copies</u> <u>Made</u> <u>Delivery Method</u> <u>(mail, e-mail,</u> <u>etc.)</u>	<u>Date of Delivery</u>	<u>Cost (if any)</u>	<u>Date and</u> <u>Method of</u> <u>Payment</u>
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Staff Person Providing Copies \_\_\_\_\_  
Name \_\_\_\_\_ Signature \_\_\_\_\_

**BLANK SCHOOL DIVISION  
REQUEST FOR RECONSIDERATION OF LEARNING RESOURCES**

Request By	_____		
Representing	_____	Myself	
	_____	Organization or Group (please identify)	_____
Address	_____	<u>E-mail address</u>	_____
Telephone	_____		
How do you prefer to be contacted?	_____		
Title or Description of Item	_____		
Author or Editor	_____		
Type of Material (book / film / record / speaker / software / other (specify))	_____		

1. Did you examine, review, or listen to this learning resource or presentation in its entirety?
   
 YES                       NO
  
2. Have you ~~been able to~~ discussed this material with school staff who ordered it or who use it?
   
 YES                       NO
  
3. Are you aware of ~~the judgment~~ evaluations of this material by professional critics?
   
 YES                       NO
   
  
 If no, would you be interested in receiving this information?
   
 YES                       NO
  
4. Describe what prompted your concern about the material. Please cite page numbers and/or specific information from the material to support your concerns (attach additional material, if necessary).

5. Does the general purpose for the use of the material, as described by the school staff or in the BLANK School Division's program objectives, seem a suitable one for you?  
 YES                       NO

If not, please explain (attach additional material, if necessary)

6. What action[s] would you like to see the school take regarding this material?

Do not assign it to my child               The school should reevaluate the material

Other—Explain: \_\_\_\_\_  
\_\_\_\_\_

7. Are there other materials of the same subject and format that you would suggest for consideration in place of this material?       YES       NO

If yes, please identify your suggestions.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**RETURN COMPLETED FORM TO SCHOOL PRINCIPAL**