UTAH GOVERNMENT RECORDS (GRAMA) REQUEST FORM

*DO NOT USE THIS FORM TO OBTAIN STUDENT RECORDS. You must contact the school last attended directly. For Granite High School, contact Brooke Obray at (385) 646-4409.

MAIL, FAX OR EMAIL THIS FORM TO:

- Granite School District
  Ben Horsley, Communications Director
  2500 S. State Street Salt Lake City, UT 84115-3110
- Fax: (385) 646-4194
- Email: communications@graniteschools.org

Description of records sought; records must be described with reasonable specificity:

________________________________________________________________________________________

- I would like to inspect (view) the records.
- I would like to receive a copy of the records. I understand that I may be responsible for fees associated with copying charges or research charges as permitted by UCA 63-2-203. I authorize costs of up to $__________
- UCA 63-2-203 (4) encourages agencies to fulfill a records request without charge. Based on UCA 63-2-203 (4), I am requesting a waiver of copy costs because

Releasing the record primarily benefits the public rather than a person. Please explain:

________________________________________________________________________________________

- I am the subject of the record.
- I am the authorized representative of the subject of the record.
- My legal rights are directly affected by the record and I am impoverished. Please attach information supporting your request for a waiver of the fees.

If the requested records are not public, please explain why you believe you are entitled to access.

- I am the subject of the record.
- I am the person who provided the information.
- I am authorized to have access by the subject of the record or by the person who submitted the information. Documentation required by UCA 63-2-202, is attached.
- Other. Please explain:

________________________________________________________________________________________

I am requesting expedited response as permitted by UCA 63-2-204 (3)(b). Please attach information that shows your status as a member of the media and a statement that the records are required for a story for broadcast or publication; or other information that demonstrates that you are entitled to expedited response.

Requester’s Name:_________________________ Daytime Telephone Number:________________________

I would like to receive the response by email if possible: Yes○ No○ Email:________________________

Mailing Address:__________________________________________ Date:________________________

Signature:________________________________________________________