

# Freedom of Information Act Request

Date:

Parent name:

Child's name:

Child's DOB:

Address:

Pursuant to Connecticut's Freedom of Information Act (the Act) I am requesting the opportunity to inspect and /or receive copies of the following public records as defined in the act within the possession of, or under the control of, the \_\_\_\_\_ School System.

1. Requesting all correspondence either electronic or paper (including any and all teachers, administrators, or other outside providers) regarding my child :

\_\_\_\_\_

I request that the documents, whenever possible, be sent electronically to myself

(parent) \_\_\_\_\_ to email \_\_\_\_\_.

The Connecticut Freedom of Information Act requires a response to this request within four business days. If access to the records will take longer than four business days, please let me know when the requested records will be available for pick up.

If you deny any part of this request please provide me with the explicit statutory authority you are relying on to deny this request and notify me as to the appeal process for such a denial.

Thank you for your cooperation in this matter.