

North Attleborough Public Schools

Public Record Request Form

(Completion of this form is optional, but assists us by identifying records requested, providing methods for communication with questions and specifying options for receipt of records)

Record Requests Must Be Submitted to: North Attleborough Public Schools
Records Access Officer
6 Morse Street
North Attleborough, Ma 02760
Phone: 508-643-2100
Fax: 508-643-2110

Requesting records of _____ Date _____
(Department or Committee)

Please describe record(s) requested (attach an additional page if necessary):

Choose option below:

- I wish to receive record electronically by email
- I wish to receive record in paper form
- I will pick up
- Please mail
- Please fax (Provide fax number) _____

Name: _____
Address: _____
Phone Number: _____
Email: _____