



BIRMINGHAM  
CITY SCHOOLS

# Public Records Request

## REQUESTER

Person or Organization (Name): \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_  
*(Street or P.O. Box)*

\_\_\_\_\_  
*(City, State, Zip Code)*

Phone: \_\_\_\_\_  
*(Primary)* *(Alternate)*

Requested Items: \_\_\_\_\_

Purpose: \_\_\_\_\_

## RECORD(S) PROVIDER

Name: Birmingham City Schools  
Department: Superintendent's Office  
Address: 2015 Park Place, Birmingham, Alabama 35203  
Phone: 205.231.4220

## SIGNATURE

In witness whereof, in accordance with the Alabama Public Records Act, I have been afforded the opportunity by Birmingham City Schools to inspect and/or request copies of the above specified public records.

\_\_\_\_\_  
*(Signature)*

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Print Name)*