

Alabama School of Math and Science
PUBLIC RECORDS REQUEST FORM

Complete and submit this form to make a public-records request to the Board of the Alabama School of Math and Science. All fields must be completed with accurate information for your request to be processed.

IMPORTANT NOTICES

Administrative Fees: The Alabama School of Math and Science may charge a fee to cover the cost of staff time for locating and producing records. The current rate is \$20.00 per hour, with a minimum charge of \$20.00.

In all cases, you may be responsible for reasonable copy and electronic record fees. The cost of copies is \$1.00 per page. Fees are due whether the records are provided by electronic format or on paper. The Board may require payment of assessed fees before providing copies of requested records.

Proof of Residency: The Board may require proof of Alabama residency from the requester and reserves the right to deny requests from non-residents or out-of-state entities to the extent permitted by law.

Form Requirement: This certification form is required when requesting public records from the Alabama School of Math and Science that may contain names and/or addresses of individuals or entities. All fields must be completed with accurate information for your request to be processed and fulfilled by the Board's Records Custodian. Providing false information on this form may subject the requester to civil penalties.

REQUESTER INFORMATION

Full Legal Name:

Alabama Driver's License Number: (Please attach documents, such as an Alabama driver's license or voter registration.)

Business Name (if applicable):

Phone Number:

Email Address:

Street Address (Do not use a P.O. Box):

City, State, Zip:

DESCRIPTION OF RECORDS REQUESTED

(Be as specific as possible. Alabama law does not require a public officer to respond to requests that are vague, ambiguous, overly broad, or unreasonable in scope. Additionally, overly broad requests may qualify as time-intensive requests, may take longer to process, and may be subject to higher fees to cover the administrative costs of copying the requested records.)

DATE RANGE OF RECORDS REQUESTED: _____ to _____.

PURPOSE OF REQUEST (OPTIONAL)

(This information is requested solely to assist the Board in processing your request and determining whether any exemptions or confidentiality protections may apply.)

Date of Request: _____

CERTIFICATION

The undersigned requester hereby certifies, under penalty of law pursuant to Act 2026-592, that with respect to any list of names and/or addresses contained in or derived from the public records requested above, the requester does NOT intend to, and WILL NOT:

- Use any list of names or addresses contained in or derived from the requested records for the purpose of selling or offering for sale any property or service to any individual or entity listed, or to any individual who resides at any address listed; **or**
- Sell, give, or otherwise make available to any person any list of names or addresses contained in or derived from the requested records or information for the purpose of allowing that person to sell or offer for sale any property or service to any individual or entity listed, or to any individual who resides at any address listed.

A knowing violation of this certification may result in civil penalties of up to \$500.00 per violation under Act 2026-592.

The undersigned requester hereby acknowledges that certain records may be protected from disclosure under applicable federal or state law, including but not limited to the Family Educational Rights and Privacy Act (FERPA) and other privacy laws. The requester agrees not

to knowingly misuse any personal information obtained through this request in violation of applicable law.

The requester acknowledges that, pursuant to Act 2026-592, the Board reserves the right to redact account numbers, tax identification numbers, routing numbers, employee identification numbers, sensitive personally identifying information, and similar information from public contract records prior to release.

SIGNATURE AND AFFIRMATION

By signing below: I acknowledge and affirm the certification statements set forth above and certify the information provided is true and correct. I understand and accept the legal consequences of providing false information. I also certify that I am an Alabama resident with standing to request public records pursuant to Alabama law. I understand and accept that payment of fees may be required before my request is fulfilled.

Requester Signature

Date

Requester Printed Name

Please note that the Alabama School of Math and Science (ASMS) may limit the number of persons reviewing records at any one time if required by the physical facilities where the records are produced or viewed. ASMS also reserves the right to limit the records reviewed to one at a time so as to unduly interfere with the normal operation of ASMS. Requests for copying and inspection of records may only be during normal business hours of ASMS. ASMS may charge its reasonable costs, including copying costs. Costs include a search fee of \$20.00 per hour, one-hour minimum, and \$1.00 per page copied.

Date received (To be completed by the Alabama School of Math and Science): _____