Miami-Dade County Public Schools INFORMATION REQUEST SHEET



	Date: Phone: Email:
Organization being represented:	
	(OPTIONAL)
Would you prefer the requested information be provided in electronic format? Yes \(\simega\) No \(\simega\)	
In accordance with Board Policy 8310 cents for each two-sided copy, not exceed	olic Records, there will be a charge of 15 cents per one-sided copy and an additional 5 ag 8 1/2" by 14" in size.
Indicate information being requested:	
Requested information will be provided	quickly as possible, unless otherwise specified.
	Signature:

FM-6315 Rev. (05-20)