



ALTURAS INTERNATIONAL ACADEMY

151 N Ridge Avenue, Idaho Falls, ID 83402 | Office: 208-522-5145 | Fax: 208-522-5147
Office@AlturasAcademy.org | AlturasAcademy.org

THE BOARD OF DIRECTORS

4260F

Charter School Record Request Form

RECORD REQUEST FORM

To Be Completed By Requester:

Requester's Name

Date of Request

Requester's Mailing Address

City, State, Zip Code

Requester's Telephone Number

Requester's Email Address

Record(s) Requested: _____

To Be Completed By Charter School Personnel:

Date Request Received in Charter School Office: _____

10-Day Extension Requested. Document(s)/Item(s) Due: _____

Record Requested Granted. Date Mailed to Requester: _____

Record Request Partially Denied. Date Letter Mailed to Requester: _____

Record Request Denied. Date Letter Mailed to Patron: _____

Charter School Personnel Comments/Notes: _____



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Itemized Statement of Fees:

Per page cost for copies \$_____

Hourly rate of employees \$_____

Hourly rate of attorneys \$_____

Actual time spent responding to request: _____

Estimated Fees \$_____ Collected Fees \$_____ Returned Fees \$_____