Ohio **Connections Academy**
5181 Natorp Blvd., Suite 150
Mason, OH 45040
Phone: 513-234-4900
Marie Hanna, Superintendent
mhanna@oca.connectionsacademy.org

Public Records Request Form

Complete and submit this form by email to the address shown above to request public records from Ohio Connections Academy. If you require an alternative method to requesting public records, please contact the school. After receiving your request, we will contact you within the legally mandated time frame or no more than five (5) days after receiving the request, to confirm receipt of your request, advise you whether the records are available for public inspection and, if so, when, and let you know as permitted by law if the School will be charging and how much the requested records will cost if you desire that copies be made. All payment must be submitted by mail using a check payable to "Ohio Connections Academy." Please write "Records Request" in the Notes line of your check.

Requestor Information

Last Name _____ First Name _____ Middle Name _____ Organization (optional) _____

Street Address _____ City _____ State _____ ZIP Code _____

Home Phone _____ Work Phone _____ Mobile Phone _____ Email Address _____

Preferred Method of Communication (check one): ☐ Home Phone ☐ Work Phone ☐ Cell Phone ☐ Email

Records Request Information

Indicate below the address to which the requested records should be mailed, if different from the address listed above. Records may be made available for pick-up at the School's administrative office upon request. Then, list the records you are requesting along with a description of each. If you are requesting a record of meeting minutes, please indicate the date of the meeting. Call the school to obtain a complete list of meeting dates. Copies of records shall be made promptly available upon payment of fees covering direct costs of duplication, plus postage or other delivery charge if such delivery is requested.

Address where records should be mailed: (☐Check here if address is the same as above.)

Name _____ Organization (optional) _____

Street Address _____ City _____ State _____

Records Requested:

Type of Record Requested	**Description of Record Requested (for meeting minutes, indicate meeting dates)**

For Office Use Only (Attach a copy of the check to this form.)				
Date Request Received	Date Request Reviewed	Date Payment Received	Date Records Mailed	Reviewer's Name
Number of Request Types	Number of Photocopies	Total Cost of Request	Notes:	