

Roseville Area Schools
1251 County Road B-2 West
Roseville, MN 55113
651-635-1600
Fax: 651-635-1659

REQUEST FOR INFORMATION

Requests should be sent/faxed to Bob Rygh, Director of Human Resources.

Date of Request: _____

*Organization/Person Requesting Information: _____

*Address: _____

*City, State, Zip: _____ Tele: _____

*Purpose of Request: _____

Description of Information Requested: _____

Information Requested:

Student Staff Financial School Board Other

_____ Mailing labels (see description section) _____ Paper report

_____ Computer data file _____ Other

*Signature of Individual Requesting Information: _____

A fee may be assessed for information requests and will be due prior to delivery of materials. You will be notified of the amount if there are any costs for your request. Payment (if required) should be made payable to Roseville Area Schools. Payment can be made in person or sent to the attention of Bob Rygh at the above address.

Approved: _____

Approval Date: _____

Cost of request: _____

Payment received on: _____

* Not required