REQUEST FOR PUBLIC RECORDS

Name		STAFF USE ONLY Date Request Received:
Address		Date request received
E-mail address	-	Request was made (check one) by requester on this form by telephone
Phone		in writing other than on form (attach original request) Date Response Sent:
I am a (check one): ☐ Citizen of the Commonwealth of Virginia ☐ Member of the Press referenced in Va. Cod News Organization		(attach copy) Identification Verified Type: Number: Itemized Cost Estimate Attached
Identification must be presented prior to inspection of records or receipt of copies. A photocopy of identification is acceptable with a mailed/faxed request. Requesters may be asked to provide verification that they are citizens of the Commonwealth or a member of the press referenced in Va. Code § 2.2-3704.		
I am requesting access to the following records (please be as specific as possible, and attach additional paper if necessary):		
	associated with this req	est. A current schedule of costs appears in Regulation uest are expected to exceed \$200, the requester will be
In addition, the requester may ask for a would like an advance determination of cost. Yes No	n advance determinatio	n of the cost of the request. Please indicate here if you
If you are requesting copies, please spe the record(s) in the requested format if that media		n you would like to receive them. MLWGS will provide egular course of its business.
Specify format desired (if available):		
☐ Photocopies	☐ E-mail (give add	ress):
☐ Website posting	☐ Other (please spe	ecify):
Signature		Date

RETURN COMPLETED FORM TO:

MAGGIE L. WALKER GOVERNOR'S SCHOOL ATTN: FOIA OFFICER, 1000 N. LOMBARDY STREET, RICHMOND, VA 23220

Adopted: August 20, 2015 Amended: September 15, 2016

Amended: January 16, 2020, Reviewed: September 18, 2025