

NOTICE

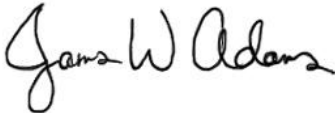
EDUCATION PROFESSIONAL STANDARDS BOARD 100 AIRPORT ROAD, 3RD FLOOR, FRANKFORT, KY 40601

Pursuant to KRS 61.870 to 61.884, the public is notified that, as provided herein, the public records of the above named Agency of the Commonwealth of Kentucky are open for inspection by any person on written application to Records Custodian, Education Professional Standards Board whose address is 100 Airport Road, Frankfort, Kentucky 40601 during its regular business hours Monday through Friday, 8:00 a.m. through 4:30 p.m. Application forms for the inspection of the public records of this agency will be furnished upon request to any person by an employee in this office. Assistance in completing the application form will be provided by an employee upon request.

Applicants for the inspection of public records shall be advised of the availability of the records requested for inspection and shall be notified in writing not to exceed three (3) business days beginning the day after request for inspection was received.

Copies of written material in the public records of this agency shall be furnished to any person requesting them on payment of a fee of ten (10) cents a page; copies of non-written records (photographs, maps, material stored in computer files or libraries, etc.) shall be furnished on request, on payment of a charge equal to the actual cost of producing copies of such records by the most economic process not likely to damage or alter the record.

This the 13th day of June 2016

A handwritten signature in cursive script that reads "James W. Adams".

Executive Director

OPEN RECORDS REQUEST FORM TO INSPECT PUBLIC RECORDS

DATE: _____

To the Records Custodian:

I request to inspect and/or receive copies of the following document(s):

(There is a \$0.10 fee for each photocopy received. If the items are to be mailed, the amount of postage will also be charged. If the records are in a non-written format, the charge will be equal to the actual cost of reproduction.)

Printed Name (Required) - Company Name (if applicable)

Street Address City, State, Zip Code

Phone Number - Fax Number

E-mail Address

Signature Required) _____

THIS COMPLETED FORM SHOULD BE SUBMITTED TO THE RECORDS CUSTODIAN.

The request is granted.

Total amount charged to applicant to fulfill records request: \$_____

The records request is denied based on the following exemption:

Adopted by the Kentucky Education Professional Standards Board this 13th day of June 2016.