



**Mississippi Charter School Authorizer Board**  
 239 N Lamar Street Suite 207  
 Jackson, MS 39201  
 601-359-9199  
 Email: [charterschoolsupport@ihl.state.ms.us](mailto:charterschoolsupport@ihl.state.ms.us)

**Requesters Public Records Request/Report Information**

Full Name: \_\_\_\_\_  
 Last First M.I.

Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
 Street Address

City State Zip Code

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Information Requesting**

I hereby request the following records maintained by the Mississippi Charter School Authorizer Board.  
 (Request shall be specific enough to allow the Charter Board employees to identify and retrieve records requested)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- My Request is to:
- \_\_\_\_\_ 1. Review the records listed above
  - \_\_\_\_\_ 2. Receive copy (s) of records listed above
  - \_\_\_\_\_ 3. Mail copy (s) of records to address shown above

**I understand that appropriate charges for searching, copying and/or mailing shall be paid in full prior to granting this request. I acknowledge that the Mississippi Charter School Authorizer Board has a minimum of seven (7) working days from the date of receipt to respond to my request in accordance with MS Public Records Act § 25-61-1 seq.**

Signature of person making request: \_\_\_\_\_

\_\_\_\_\_ Title Date

**MCSAB USE ONLY**

Request Number: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Approved Denied

Office of Public Reporting:   Initials \_\_\_\_\_ Date \_\_\_\_\_

Legal:   Initials \_\_\_\_\_ Date \_\_\_\_\_

Cost: \$ \_\_\_\_\_ Date Payment Received: \_\_\_\_\_