POLICY AND PROCEDURE OBTAINING COPIES OF OR ACCESS TO PUBLIC RECORDS PURSUANT TO THE KANSAS OPEN RECORDS ACT- KORA K.S.A. 45-215 ET SEQ.

OFFICE HOURS: 8 A.M. TO 5 P.M., Monday -Friday, except official state holidays. Requests received after 5:00 p.m. will not be logged in and processed until the next business day.

DESIGNATED CUSTODIAN: Scott Gordon, General Counsel

FEES: The following rates shall apply. COPIES, 25¢ per page for paper copies, \$0.125 per page for electronic copies; MAILING, 50¢ for first 5 pages, 25¢ for additional 5 page increments for paper copies, electronic copies may be mailed or transmitted electronically and the cost calculated upon the volume; FAX, 65¢ per 10 page fax. STAFF TIME: will be charged at the rate of pay for each person(s) whose time is used in order to assist and/or respond to a specific request. This may include the time spent to access records maintained on computer facilities, review records to determine whether closure exceptions apply and/or to redact open from closed information. For most requests time will be charged as follows:

Clerical time will be charged at \$34.60 per hour. Information Technology (IT) services will be charged at \$43.00 per hour. General Counsel time will be charged at \$58.00 per hour.

Assignment of staff to respond to each request will be made at the discretion of the designated records custodian.

ADDITIONAL FEES: Any other costs incurred by the agency in connection with complying with a record request may be assessed to the requester.

The agency will provide an estimate of the fees which shall be paid prior to the agency gathering the records. However, in order to assure payment, the final cost of providing access to or furnishing copies must be paid before the records are provided. If the final cost is less than the estimate, the requestor will be reimbursed for the difference.

Payment may be made by check or money order. Returned checks will incur an additional fee of \$30.

WRITTEN REQUEST

To assure that the request is clearly understood, the agency requires requests for access to or copies of records be made in writing. All requests for records must state:

- The requestor's name
- Mailing address

- A phone number where the requestor can be contacted, and
- Detailed information about the records being requested. This will help staff in determining if the requested records exist and are in the agency's possession. Requests for records not yet in existence or documents to be created prospectively cannot be honored.

For the convenience of requestors, a form that may be used to make the request is attached at the end of this policy. This form is not required to be used.

Requests for records may be emailed to GC@ksde.org or mailed to:

Kansas State Department of Education Office of General Counsel 900 SW Jackson St. Topeka, KS 66612

FAXING AND AIR EXPRESS DELIVERY

Generally, records may be faxed if the request is for fewer than 15 pages and fax time and facilities are readily available. If air express delivery is requested, the requester shall arrange for pick up and packaging of the records and all associated costs for such delivery shall be paid by the requester. The record custodian has sole discretion as to whether to honor requests for faxing or express delivery.

Requests for electronic format records. The record custodian will be the sole judge of the ability of the agency to comply with any record requests for the records to be provided in electronic format or for records that must be produced in any special computer generated format.

Response time. The agency will act upon requests as soon as possible, with some response being made to the requester no later than the third business day following the receipt of the request. If it appears that additional time will be needed, fees will be assessed, or some of the records may be closed by law, a written response will be provided as soon as the records have been located and reviewed.

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Date		
Kansas State Department of Office of General Counsel 900 SW Jackson St. Topeka, KS 66612	Education	
45-215 et seq., I request acce	Dear Records Custodian: Under the Kansas ess to or copies of the following records (plyant and the time period your request cove	lease be as specific as possible in
I request the information be	provided in the following format if possible	e (please check one):
Paper	Electronic	
Name:	Daytime Phone No.:	Address: Street Address
City State Zip Code Email Add		I certify that I do not
or information for the purpo or to any person who resides person any list of names or a purpose of allowing that per any person who resides at an	se any list of names or addresses contained se of selling or offering for sale any proper s at any address listed; or (B) sell, give or of addresses contained in or derived from the son to sell or offer for sale any property or	d in or derived from the records ty or service to any person listed therwise make available to any records or information for the
Sincerely,		
(Name of Requestor)		