

NORTH KERN VOCATIONAL TRAINING CENTER



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Date:

Name of Requesting Party:

Organization of Requesting Party :

Address:

Phone Number:

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Please check one of the following boxes:

- Opportunity to inspect records (no public records may leave the premises)
- Copies of records

Please indicate if you are using the records for a commercial or non-commercial interest:

- Commercial (Describe _____)
- Non-Commercial (Describe _____)

Please describe specifically the records you are requesting:

Signature: _____

Please submit original copy to either of the two addresses below, c.o Amy Bean, Director NKVTC

