

## **PUBLIC RECORDS REQUEST**

**Instructions:** Columbus State Community College (CSCC) uses this form to manage public records requests efficiently and to aid in avoiding delays and confusion. Under the Ohio Public Records Act, a written request for records is <u>not</u> mandatory and requesters may submit requests anonymously. CSCC may ask requesters to provide more information to assist in identifying, locating, and responding to the record request; however, the requester may decline to provide any information. If you do not wish to submit a written request, please contact the CSCC Legal Office by phone or in person.

| Desired F   | Format of                       | Records:                            |  |   |                      |   |                           |  |
|---|---------------------------------|-------------------------------------|--|---|----------------------|---|---------------------------|--|
| Paper<br>Copies   |                                 | Electronic                          |  | Inspection<br>Only                        |                      | Other (Specify)   |                           |  |
| Mail<br>Copies  |                                 | Pick-Up<br>Copies                   |  | Email<br>Copies                           |                      | Compact Disc  |                           |  |
| Date of Request: (required)   |                                 |                                     |  |   |                      | Telephone: (optional)                                   |                           |  |
| Requeste  | r's Name                        | : (optional)                        |  |   |                      |   |                           |  |
| Address: (required for mailing copies)  |                                 |                                     |  |   |                      |   |                           |  |
| Email: (required for emailing copies)   |                                 |                                     |  |   |                      |   |                           |  |
|   |                                 | or attach additi<br>ise their reque |  | if necessary.                             | CSCC ma              | y deny overly broa                                      | d requests, in which case |  |
| Processin   | g Inform                        | ation (to be                        | completed                                  | by departme                               | nt fulfilli          | ng request)   |                           |  |
| Employe   | e/Departm                       | nent Fulfilling                     | g Request                                  |   |                      |   |                           |  |
| Records forwarded to legal counsel for review Yes No  |                                 |                                     |  |   |                      |   |                           |  |
| Number Operation Number Operation Postage \$ Total Fee The request The received The received Postage See The request Postage See The Recursive Postage See T | Copies of \$ester may ved costs | pay at the cas                      | lls (video t<br>shier's off<br>posited int | ape, cassette ice and prese o the copy/di | nt the recuplication | c.) at \$<br>ceipt to pick up the<br>n account of the d |                           |  |
| Date Req  | uest Com                        | pleted                              |  |   |                      |   |                           |  |
| Additiona   | al Comme                        | ents                                |  |   |                      |   |                           |  |
|   |                                 |                                     |  |   |                      |   |                           |  |