

PUBLIC RECORDS REQUEST FORM

The Specific Records Covered by this Request

Please provide a description of the records for which the requestor is seeking from the college. Please be as specific as possible.

As a public organization, we may ask requesters to provide the following information in order to assist in identifying, locating and responding to the record request. However, the requester may decline to provide any information.

Requestor's Name: _____

Address _____

Email address _____ Telephone _____

Desired format of records:

Paper Copies _____ Electronic _____ Inspection Only _____ Other (Specify) _____
Mail Copies _____ Pick Up Copies _____ Email Copies _____ Compact Disc _____

Processing Information (to be completed by department fulfilling request)

Employee/Department Fulfilling Request _____

Records forwarded to legal counsel for review Yes No

Number of paper copies requested _____ at \$0.10 per page

Number Copies of other materials (video tape, cassette, disc, etc.) _____ at \$ _____ each

Postage \$ _____

Total Fee \$ _____

The requestor may pay at the cashier's office and present the receipt to pick up the records. The received costs should be deposited into the copy/duplication account of the department fulfilling the request (**Please advise Cashier's Office of account number**).

Date Request Completed _____

Additional Comments _____
