



**REQUEST FOR PUBLIC INFORMATION**  
***Under the Freedom of Information Act***

Date of Request: \_\_\_\_\_

Full Name of Person or Entity Requesting Information : \_\_\_\_\_

Current Address: \_\_\_\_\_

Daytime Telephone Number : \_\_\_\_\_

Describe the specific record(s) you seek with enough detail. (*Detail should include a description of the information on which you seek. The more information provided, the better we will be able to locate the information you seek.*)

I Request the Right to: (check the appropriate box)

- Inspect
- Receive a copy

Signed by:

*The Freedom of Information Act provides you the right to inspect or receive copies of requested public record(s) of the public body. A written request made by facsimile, electronic mail or other electronic transmission is not received by a public body's FOIA coordinator until 1 business day after the electronic transmission is made. The public body shall respond to a request for a public record within 5 business days after the public body receives the request. Fees: A public body may charge a fee for a public record search, the necessary copying of a public record for inspection, or for providing a copy of a public record.*

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For College Use Only

Mail

In Person

Email

Request Received By: \_\_\_\_\_

Clear Form

Email Form