

REQUEST TO INSPECT AND/OR COPY RECORDS

Date: _____

To: _____
[FOIA Officer Name]

[Freedom of Information Officer]

[c/o Central Administrative Office]

[Address]

[Phone Number]

[E-mail Address]

I hereby request to inspect or receive copies* of the following records:
(Please describe requested records as specifically as possible, attaching additional pages if necessary.)

* There is no copying fee for the first 50 black and white standard-sized copies. The fee for additional copies is 15¢ per page. Actual cost will be charged for copies of documents not of standard size, and for the recording medium (e.g., compact disk, tape, DVD), when applicable.

Is this request for a commercial purpose? Yes No

Are you requesting a waiver or reduction of copying fees? Yes No

If yes, what is the purpose of this request? _____

DO NOT WRITE IN THIS SPACE

DATE RECEIVED BY COLLEGE

Requester's (Printed) Name

Requester's Signature

[Address]

[Phone Number]

[E-mail Address]