

RECORDS REQUEST FORM

Please fill out this form **completely** with as much details as possible to help us identify specifically the records you are requesting. The records section staff is available to assist you in identifying the records you need.

The records Section may need some time to locate and review documents that are responsive to your request.

REQUESTER INFORMATION

Name: _____ Date: _____

Campus: _____ Unit: _____

Contact Number: _____ Email: _____

REQUESTED RECORDS/DOCUMENTS

PURPOSE:

RELEASED BY

Releasing Staff: _____ Date: _____

Received by: _____ Date: _____