

Records Request Form

Requestor Information: (Optional *)

*Name: _____

*Address: _____

*Phone: _____ *Email: _____

Information Being Requested:

Date of Request: _____

Media of Completed Request (i.e.: Email, CD, Paper Copy, File Transfer,...)

(Office Use Only)

Request Approval: () Approved () Denied

Reason for Denial: _____

Information Redaction / Reason for Redaction:

Department / Employee Completing Request:

Date Request Completed:

Other Information:

Signature of Records Custodian

File Stamp Date
Received By Records Custodian