

**PUBLIC RECORDS REQUEST FORM**

**UNDER THE R.I. ACCESS TO PUBLIC RECORDS ACT**

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| **Date:** | **Request to Inspect Records****Request to Copy Records** |
| **Name (optional):** |
| **Address (optional):** |
| **Telephone (optional):** | **Email (optional):** |
| **Requested Records:** |
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| **(Optional) Records requested ARE \_\_\_\_ ARE NOT \_\_\_\_ sought for the purposes of pending litigation involving Rhode Island College** |
| **Format Requested:** | **Paper (will pick up)****Paper (mail)** | **Fax****Email (if available)** |
| **If, after review of this request, the college determines that the requested records are exempt from disclosure for a reason set forth in the Access to Public Records Act, the college reserves its right to claim such exemption.** |
| **OFFICE USE** |
| **REQUEST #** | **DATE RECEIVED:** | **10 BUSINESS DAYS EXPIRE ON:** |
| **DATE AVAILABLE:** | **OFFICE OF DOCUMENT CUSTODIAN:** | **LOCATION:** |
| **COST FOR DUPLICATION:** | **COST FOR DOCUMENT SEARCH & RETRIEVAL:** | **COST FOR POSTAGE:** | **TOTAL COST:** |

Rhode Island College, Providence, RI 02908