

**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