PUBLIC RECORDS REQUEST

Washington State University
Office of Procedures, Records, and Forms
Information Technology Building 3089
Pullman, WA 99164-1225
(509) 335-3928
FAX (509) 335-3969
E-mail prf.forms@wsu.edu

See 90.05 for additional instructions.

NAME			DATE OF REQUEST
DEPARTMENT/COMPANY			DATE RECORDS NEEDED
ADDRESS			DEPARTMENT(S) WITH RECORDS
CITY	STATE	ZIP CODE	
TELEPHONE	E-MAIL ADDRESS		RECORDS TO BE ___ VIEWED ___ COPIED
REPRESENTING			The University charges 15 cents per page for standard photocopies. There is no charge for inspection of records.

DESCRIPTION OF RECORDS (Be as specific as possible. Include names, dates, details, etc.)

I certify that the information obtained as a result of this request for public records will not be used in whole or in part to directly or indirectly compile a list of individuals for commercial purposes by the requestor or by another person or entity. (RCW 42.56.070) (NOTE: The term "commercial purposes" as it appears in RCW 42.56.070 is defined broadly. See Washington Attorney General Opinion 1998 No. 2 at http://www.atg.wa.gov.)

REQUESTER'S SIGNATURE