

PUBLIC RECORDS REQUEST FORM UNDER THE R.I. ACCESS TO PUBLIC RECORDS ACT

Date:			equest to Inspect Records equest to Copy Records	
Name (optional):				
Address (optional):				
Telephone (optional):		Email (optional):		
Requested Records:				
(Optional) Records requested ARE ARE NOT sought for the purposes of pending litigation involving Rhode Island College				
Format Requested:	Paper (will pick up)		Fax	
	Paper (mail)		Email (if ava	ilable)
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:		