

# RECORDS REQUEST

Please complete and return this form to Lewis-Clark State College

500 8<sup>th</sup> Street, Lewiston, ID 83501

Please list where you would like us to send the information you have requested and contact information in case we have questions regarding your request for information.

Requester Name \_\_\_\_\_ Telephone \_\_\_\_\_

e-mail: \_\_\_\_\_ Fax Number (optional) \_\_\_\_\_

Address: \_\_\_\_\_

Detailed Description of Record Requested – Please be very specific

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Please indicate the format in which you would like to receive this information:

Email: \_\_\_\_\_ Fax: \_\_\_\_\_ Hard Copies: \_\_\_\_\_ (Please Note: If the request for hard copies consists of 100 pages or more, there will be a 10 cent per page charge).

**The college will notify you in writing if we are unable to respond to your request within three working days.**

Your signature \_\_\_\_\_ Date Requested \_\_\_\_\_

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(Office Use Only): Documents: Copied \_\_\_\_\_ Faxed: \_\_\_\_\_ E-mailed: \_\_\_\_\_

Number of Pages: \_\_\_\_\_ Cost: \_\_\_\_\_

Time required to complete request: \_\_\_\_\_ Date finished: \_\_\_\_\_

Department and staff providing information \_\_\_\_\_