Request for the Inspection of Public Record

Name:_______________________________  Date:______________ Phone:______________

Representing:_________________________  Fax:_______________ Email:______________

Mailing Address: ______________________________________________________________

Public Records Requested for Inspection: Please be as specific as possible. Because of the diffuse nature of some University records, we cannot accept broad requests for “all records” or similar language. Making your request specific will also enable us to locate it as quickly as possible. (Continue on a separate sheet if necessary, or attach a letter with your request.)

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GENERAL INFORMATION
Request for Inspection must be presented first to the Office of the Custodian of Public Records, University of Arizona, 1030 North Mountain, P.O. Box 210134, Tucson, Arizona 85721-0134.

Please fax the completed form to (520) 626-1234 (non media request), (520) 626-4121 (media request), or mail or deliver it to the address above. For questions, call (520) 621-1986. This form and additional information are available at http://oire.arizona.edu.

University Records furnished for inspection may not be removed from the department where such records are permanently stored. Because the primary mission of the University is education, not record-keeping or document production, it may take some time to research your request and locate the document. Requests may take longer to process if redactions are needed or when records must be collected from multiple sources or archived files. Requests will be filled as promptly as circumstances permit, subject to time available during the regularly scheduled workday.

In accordance with A.R.S. §39-121.01 (D) (1) the University will charge for making copies of public records.

In accordance with A.R.S. §39-121.03, I certify that the copies of public records herein requested will not be used for commercial purposes unless clearly specified. Please check here __________ if this request is for a commercial purpose.

Signature: ________________________________________

FOR USE BY THE CUSTODIAN OF PUBLIC RECORDS:

Routed to:___________________________________ Date Received:_________ Date Completed:_________

Comments: _______________________________________________________________________________