

UNIVERSITY OF CENTRAL OKLAHOMA
Request for Public Record

Name of Requestor: _____

Address: _____

Telephone: _____

NOTE: Please understand that any request for information, whether it is on the phone or in an office, requires staff time. Because of the administrative work load at the University of Central Oklahoma, it may not be possible to respond to your request immediately. We wish to serve you in a timely manner, but be patient with us if it is necessary to have you wait on a scheduled response.

Description of record(s): _____

Is this being used for a commercial purpose? Yes No

Please describe the purpose of your request. _____

Please be aware that if your request involves extensive searching of records, this work must be scheduled and a charge will be assessed. A schedule of charges is listed below.

Requestor Signature _____ Date _____ Authorized Approval Signature _____ Date _____

FOR UNIVERSITY USE ONLY

Department of Record: _____

Labels

Number of pages: _____ Charge: _____

Setup fee: _____

Search hours: _____ Search charge: _____

Number of labels: _____

**This request for non-commercial purposes was produced at a cost of \$_____ to the University.

Reviewed for compliance by: _____

PLEASE SUPPRESS THE NAMES OF THOSE INDIVIDUALS WHO HAVE INDICIATED THEY DO NOT WANT THEIR NAMES ON MAILING LISTS BEFORE RUNNING THIS LIST.

Signature _____

SCHEDULE OF CHARGES

Minimum Setup Fee for all label requests (hardcopy or electronic files): \$25.00

Printouts/Photostatic copies: \$0.25 per page; \$5.00 per hour minimum charge

Labels: \$.05 per label

RECEIPT

Record received by: _____

Signature _____

Date _____