



Name: _____ Telephone Number: _____

Address: _____

Tennessee Driver's License Number: _____ (or other acceptable identification to prove citizenship in Tennessee). **Attach a copy of the ID.**

Company or business represented, if applicable: _____

Business telephone number: _____

Date and time of request: Date _____ Time _____

Department of record: _____

General description of record(s) Request to Inspect/Copy Public Records requested to be inspected: _____

Signature of Requestor: _____ Date: _____

IF COPIES ARE DESIRED, THE PRICE PER COPY IS 15 CENTS PER PAGE FOR STANDARD LETTER AND LEGAL SIZE PLUS THE ACTUAL COST OF LABOR AND/OR PROGRAMMING TO PRODUCE THE COPY AFTER THE FIRST HOUR. THE PRICE PER COPY FOR LARGER OR OTHER RECORDS IS THE ACTUAL COST. COST FOR SPECIAL FORMATS OR AN APPROVED SPECIAL FEE ARE NEGOTIATED WITH APPROVAL OF LEGAL COUNSEL.

Date and time copies picked up by requestor: Date _____ Time _____

*Date copies were mailed: _____

Signature of custodian: _____ Date: _____

SPECIFIC RECORDS REQUESTED/EXAMINED	Date Examined	Check if Copy Desired
1.		
2.		
3.		
4.		
5.		
6.		

Attach additional sheet(s), if needed.

*Any actual delivery costs incurred by the University will be added to the final total for records.