

THE UNIVERSITY OF MEMPHIS

REQUEST FORM TO INSPECT/COPY PUBLIC RECORDS

(Print or Type)

Name: _____ Telephone Number _____

Address: _____

Tennessee Driver's License Number: _____
(or other acceptable identification to prove citizenship in Tennessee)

Company or business represented, if applicable: _____

_____ Business telephone number: _____

Date and time of request: _____

Department of record: _____

General description of record requested to be inspected (list specific file record reviewed and copied on reverse):

Signature of Requestor: _____ Date: _____

IF COPIES ARE DESIRED, INDICATE ON REVERSE. COST PER COPY IS \$0.50 FOR LETTER AND LEGAL SIZE. COST PER COPY FOR LARGER OR OTHER RECORDS IS \$5.00 OR ACTUAL COST PLUS 50%. COST FOR SPECIAL FORMATS ARE AN APPROVED SPECIAL FEE OR NEGOTIATED WITH APPROVAL OF LEGAL COUNSEL.

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

Signature of custodian: _____ Date: _____

FORM DISTRIBUTION: Legal Counsel (Original); Office of Communication Services (Copy);
Department Custodian File (Copy).

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

Attach additional sheet(s), if needed