

PART 1:

DATE:

FIRST NAME

MI

LAST NAME

REQUEST TYPE:

CITIZEN

INTEREST GROUP

MEDIA

STUDENT

ATTORNEY

BUSINESS

OTHER

PREFER NOT TO SAY

NAME OF ORGANIZATION, IF APPLICABLE:

STREET ADDRESS:

CITY:

STATE:

COUNTRY:

ZIP CODE:

PHONE NO. (INCLUDING AREA CODE):

EMAIL ADDRESS:

PART 2 DESCRIPTION OF RECORDS:

TITLE:

PLEASE DESCRIBE THE RECORDS THAT YOU WOULD LIKE

PART 3 ACTION REQUESTED

PLEASE SELECT AT LEAST ONE OPTION:

REVIEW OF RECORD

COPY OF RECORDS

OTHER

IF OTHER, PLEASE EXPLAIN:

I UNDERSTAND THERE MAY BE FEES ASSOCIATED WITH THIS REQUEST. I WILL RECEIVE A WRITTEN COST ESTIMATE FOR MY APPROVAL, ALONG WITH REMITTANCE INFORMATION, PRIOR TO THE REQUEST BEING FULFILLED.