



Walla Walla Community College Public Record Request

SUBMIT REQUEST TO:
Walla Walla Community College
ATTN: Public Records Officer
500 Tausick Way
Walla Walla, WA 99362
Phone: (509) 527-4603
Email: publicrecords@wwcc.edu

This form must be written (printed) legibly or computer generated for accuracy.

Contact Information			
First Name		Last Name	
Address		City	State
Telephone Number		Email Address	
Preferred method of access to records: <input type="checkbox"/> Paper copies <input type="checkbox"/> CD/DVD <input type="checkbox"/> E-mail <input type="checkbox"/> Mail <input type="checkbox"/> Pick-up from College <input type="checkbox"/> Only inspection of records (at College)			
Records Requested: <i>(Please be as specific as possible.)</i>			

Requestor Acknowledgment:

I understand copying and/or postage fees may be associated with my request. The College offers inspection of public records at no cost. I understand that the College will notify me if the releasing of the record is restricted under law or if parts of the record requested will be redacted. If a document is available for public disclosure, the College will contact me about inspecting the record(s) and the copying fees associated with the request. I understand that fees must be paid in advance by exact cash, check or money order. I certify that information obtained as a result of this public records request will not be used in whole or in part for commercial purposes.

Signature

Date

For Office Use Only

	Date and Time Request Received		Date of Response	
	Records Provided <input type="checkbox"/> Yes <input type="checkbox"/> No	Method of Access to Records		Amount Paid
	_____ Public Records Officer/Designee Signature			_____ Date
<input type="checkbox"/> Request Denied and Requestor Notified Date: _____ Reason: _____				