

RECORDS REQUEST

Please complete and return this form to **Lewis-Clark State College**

Email to: vpfinanceadmin@lcsc.edu

500 8th Street, Lewiston, ID 83501

Please list where you would like us to send the information you have requested and contact information in case we have questions regarding your request for information.

Requester Name _____ Telephone _____

e-mail: _____ Fax Number (optional) _____

Address: _____

Detailed Description of Record Requested – Please be very specific

Please indicate the format in which you would like to receive this information:

Email: _____ Fax: _____ Hard Copies: _____ (Please Note: If the request for hard copies consists of 100 pages or more, there will be a 10 cent per page charge).

The college will notify you in writing if we are unable to respond to your request within three working days.

Your signature _____ Date Requested _____



(Office Use Only): Documents: Copied _____ Faxed: _____ E-mailed: _____

Number of Pages: _____ Cost: _____

Time required to complete request: _____ Date finished: _____

Department and staff providing information _____