

UNIVERSITY OF RHODE ISLAND

**PUBLIC RECORDS REQUEST FORM
UNDER THE ACCESS TO PUBLIC RECORDS ACT**

Date _____

Name (optional) _____

Address (optional) _____

Telephone (optional) _____

Requested Records: (attach additional sheets if necessary) _____

University of Rhode Island – Public Records Request – Additional Information

Forward this Document to the appropriate university office or department in accordance with public records request guidelines and inform that office if you desire to inspect the records or pick up copies of the records. If you prefer to have copies of the records sent to you by mail or email, you will need to provide the office with mailing and/or email instructions.

If, after review of your request, the University determines that the requested records are exempt from disclosure for a reason set forth in the Access to Public Records Act, the University reserves its right to claim such exemption.