

Request to Inspect/Copy Public Records

Copies to: Office of University Counsel; Office of News and Public Affairs



Name _____ Telephone Number _____

Address _____

E-mail address _____

Tennessee Driver's License Number _____
 (or other acceptable identification to prove citizenship in Tennessee). **Attach a copy of the ID.**

Company or business represented, if applicable _____

Business telephone number _____

Date and time of request: Date _____ Time _____

Department of record _____

Signature of Requestor _____ Date _____

	Specific Records Requested/Examined	Date Examined	Check if Copy Desired
1.			
2.			
3.			
4.			
5.			

Costs	Estimate	Actual
No. of pages		
Cost (.15 per page for black and white and .50 per page for color)		
Labor/Programming		
Delivery		
Other (Specify)		
Total		
Payment received		

Date copies mailed to requestor:		
Signature of custodian		Date

Attach additional sheet(s), if needed.