

## REQUEST FOR PUBLIC RECORDS

NAME	SIGNATURE
NAME of ORGANIZATION (if applicable)	
ADDRESS	
DUONE	FMAIL ADDDECC
PHONE	EMAIL ADDRESS
DATE OF REQUEST	HOW DO YOU WISH TO VIEW THE DOCUMENTS?
DATE OF REGEST	☐ View on campus ☐ Receive copies by mail
STATE THE NATURE OF YOUR REQUEST AND THE RECORDS REQUESTED	
STATE THE REFERENCE (if known) ON CURRENT INDEX	
OTHER COMMENTS	

## PLEASE NOTE

All requests for Public Disclosure will be processed within five (5) working days of receipt by the Public Records Officer at Shoreline Community College. You will be notified in writing either by fax, email, or letter as to whether your request will be granted or denied.

If your request is granted, sufficient time must be granted to the college to collect the necessary documents. This timeline will be provided in the response letter. You may view the requested documents at an agreed upon time in the Administration building. Charges for public records may apply per WAC 132G-276-090.

If your request is denied, specific reasons will be given in order that you might clarify your request.

## Send your request to:

ATTN: Public Records Officer Administrative Services Office Shoreline Community College 16101 Greenwood Ave. N. Shoreline, WA 98133