



SHORELINE COMMUNITY COLLEGE
16101 Greenwood Avenue N • Shoreline, WA 98133

REQUEST FOR PUBLIC RECORDS

NAME _____ **DATE** _____

E-MAIL _____ **PHONE NUMBER** _____

ADDRESS _____

Please be as specific as possible when requesting records. When possible, please provide timeline (date/year to date/year); security report number(s); clearly spelled names of parties involved. Providing specific information will help us identify and search for records that are responsive to your request.

Description of Records:

By submitting this form you agree any records requesting lists of individuals will **NOT** be used for commercial purposes.

Preferred method to receive records:

- Review records in person at the college
- Digital copies delivered via email
- Digital copies on a memory stick delivered by mail
- Hard copies delivered by mail

Our statement of costs for copies of public records can be viewed online at: www.shoreline.edu

Signature (not required if emailing this request)

Thank you for allowing us to assist you with your records request.

SEND TO:

E-mail: PublicRecords@shoreline.edu OR Public Records Officer
(Preferred) Office of Business & Administrative Services
16101 Greenwood Avenue N
Shoreline, WA 98133