INSERT ACCS ENTITY LOGO

OPEN RECORDS FORM

Any Alabama resident desiring to inspect or take a copy of a public record from an Alabama Community College System entity shall submit a public records request by properly filling out this Open Records Form and properly delivering the Open Records Form to the public officer named below.

The College’s public records officer is INSERT NAME and can be contacted at INSERT ADDRESS or INSERT EMAIL ADDRESS.

INFORMATION REQUIRED:

1. Date Request Submitted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. For this request to be valid, you must provide, simultaneously with this Form, a photocopy or scan of reasonable proof of residency. The public officer accepts the following as reasonable proof of residency: (1) unexpired Alabama Driver’s License, or (2) valid Alabama state-issued Identification Card, or (3) an Alabama Voter Registration Card, or (4) unexpired Passport showing an Alabama address. Requests will not be processed or answered without this information.
2. Identify the public record/s you request: (Be as specific as possible. A valid request must identify the requested public record with reasonable specificity. The public officer is not obligated to respond to vague, ambiguous, overly broad, or unreasonable in scope requests, nor is a public officer obligated to respond to a request that seeks records that do not exist or materials that are not public records. Additionally, costs will be assessed based on number of requests, volume of requests, and estimated time to search for requests.
3. Provide your full contact information below.

Full Legal Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent residence:

Street address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address if different than residence address: (optional)

Mailing address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(optional)

State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(optional)

Once complete, this Open Records Form must be submitted to the public officer, either by:

* hand-delivery addressed to the public officer above at the address above; or
* mailing addressed to the public officer above at the address above; or
* emailing to the public officer at the address above.

Receipt of a hand-delivered, mailed, or emailed public records request occurs when the request is actually received by the public officer. A read email receipt, certified mail receipt, or similar signed postage receipt shall be prima facie evidence of receipt by the public officer.

You should receive an acknowledgement or other communication related to a proper and valid request within 10 business days.

Payment of fees may be required before your request is fulfilled.

By submitting this request, you certify that you are an Alabama resident with standing to make a request for public records pursuant to Alabama law.

A public officer shall not be obligated to respond to a public record request that is not made pursuant to these instructions.