

JCCC OPEN RECORDS REQUEST

(To be completed by person making the request)

Name: _____ Organization: _____

Address: _____

Daytime Phone: _____ Fax: _____

Signature: _____ Date: _____

By signing above, I certify that I, individually and on behalf of the requesting organization (if applicable), do not intend and will not use any records or information derived therefrom for any prohibited commercial or other purpose. See K.S.A. 45-230.

RECORD SOUGHT: Please provide as specific a description as possible of the records you desire to inspect or for which you request a copy. Include records titles and dates as well as the name of the department which holds the record.

DESCRIPTION OF RECORD(S):

1. _____
2. _____
3. _____

CHARGES: Pursuant to state law, the College may charge reasonable fees, not exceeding the actual cost, for access to records, copies of records and staff time for processing your request. The charge may also include costs for third party consulting or legal charges. Applicable charges are listed in the College's Open Records Operating Procedure 218.01 (available at www.jccc.edu), and will be collected in advance if the total fee is estimated to exceed \$10.00.

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(To be completed by the JCCC Record Custodian)

Person Receiving Request: _____ Date: _____ Time: _____

Records Provided or Denied By: _____ Date: _____ Time: _____

Staff time involved: _____ hours, _____ minutes, for a charge of:	\$ _____
Charge for copies/computer access:	\$ _____
Total Charges:	\$ _____
Estimated payment received	\$ _____
Amount remaining due	\$ _____
(or)	
Amount refunded	\$ _____

Record Custodian

