PUBLIC RECORDS REQUEST

Washington State University
Public Records Office
Information Technology Bldg. Rm. 3011
P.O. Box 641225
Pullman, WA 99164-1225
509-335-3928
FAX 509-335-3930
E-mail wsu.pubrecords@wsu.edu

See BPPM 90.05 for additional instructions.

NAME			DATE OF REQUEST
DEPARTMENT/COMPANY			DATE RECORDS NEEDED
ADDRESS			DEPARTMENT(S) WITH RECORDS
CITY	STATE	ZIP CODE	
TELEPHONE	E-MAIL ADDRE	ESS	RECORDS TO BE VIEWED COPIED
REPRESENTING			The University charges 15 cents per page for standard photocopies and to scan paper records to pdf. There is no charge for inspection of records.
DESCRIPTION OF RECORDS (Be as specific as possible. Include names, dates, details, etc.)			
I certify that the information obtained as a result of this request for public records will not be used in whole or in part to directly or indirectly compile a list of individuals for commercial purposes by the requestor or by another person or entity. (<i>RCW</i> 42.56.070) (NOTE: The term "commercial purposes" as it appears in <i>RCW</i> 42.56.070 is defined broadly. See Washington Attorney General Opinion 1998 No. 2 at http://www.atg.wa.gov.)			
	REQUESTER'S SIGNATURE		