

INDIANA UNIVERSITY-PURDUE UNIVERSITY FORT WAYNE

REQUEST FOR PUBLIC RECORD

A. Request for Public Record:

1. Requesting Person: _____

Address: _____

Number and Street

City

State

Zip

Telephone: (____) _____ Email: _____

Area Code

2. Public Record Requested (please identify in detail or attach separate sheet)

3. Date and Time of Request: _____

Signature of Requesting Person

For Office Use Only

4. Date Request Received: _____ Received By: _____

5. Initial Response Action Sent: _____ Signature: _____

B. IPFW Action on Above Request:

_____ 1. Grant in full.

_____ 2. Denied in full.
Reason for Denial: _____

_____ 3. Granted in part; denied in part.
Reason for Partial Denial: _____

Date

Signature of Public Record Officer or Designee