



REQUEST FOR PUBLIC RECORDS

NAME: _____ DATE: _____

EMAIL: _____ PHONE NUMBER: _____

ADDRESS: _____

Please be as specific as possible when requesting records. When possible, please provide the timeline (date/year to date/year), security report numbers, and clearly spelled names of parties relevant to your request. Providing specific information will help the College to search and identify records that are responsive to your request. **The College will contact you within five business days with an estimate of time required to fulfill the request.**

The Shoreline Community College Public Records Index is available on our website at www.shoreline.edu/about-shoreline/public-records-index.aspx

DESCRIPTION OF RECORDS:

See back of form.



By submitting this form, you agree that any records requested that results in lists of individual persons will **NOT** be used for commercial purposes.

Preferred method for receipt of records:

- ☐ Review records in person at the College
- ☐ Digital copies delivered by 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 at www.shoreline.edu/about-shoreline/public-records-request.aspx.

Requestor Signature

Date

SUBMIT THIS FORM TO:

publicrecords@shoreline.edu

OR

Liam O'Connor – Public Records Officer
Room 1014
Human Resources Office
16101 Greenwood Avenue N.
Shoreline, WA 98133-5696