

OWENS COMMUNITY COLLEGE PUBLIC RECORDS REQUEST

Date Requested:
Request Submitted By: E-Mail U.S. Mail Fax In Person
Name of Requester (optional):
Street Address (required for mail):
City/State/County/Zip:
Telephone (Optional):E-mail (Optional):
Fax (Optional):
Records Requested: *Provide as much specific detail as possible so Owens Community College can identify the information that you are seeking. You may attach additional pages, if necessary.
Do you want Electronic Copies or Paper Copies?
Method of delivery (via in person, email, standard mail, etc.)?
Please provide the contact information above for the method of delivery