



Records Office
Human Resources
1933 Fort Vancouver Way, MS BRD 133
Vancouver, WA 98663
(360)992-2169 FAX (360)992-2875

Public Records Request Form

This form must be written (printed) legibly or computer generated for accuracy.

Requestor's Contact Information:			
First Name		Last Name	
Address		City	State Zip Code
Telephone Number	Fax Number	Email Address	
Preferred method of access to records (please select one): <input type="checkbox"/> E-mail <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Pick-up from Clark College, Baird Rm. 133 <input type="checkbox"/> Inspect at Clark College, Baird Rm. 133			
Records Requested <i>(To assist our office in its effort to process your request, please be specific and try to identify the document or record by name.)</i>			
Will this information be used for commercial purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No			

SEND REQUEST TO: Clark College Records Office, Human Resources, via e-mail to: pr@clark.edu or via hard copy:
Attn: Public Records Requests, 1933 Fort Vancouver Way, MS BRD 133, Vancouver, WA 98663.

In Person office hours by appointment, Monday through Thursday, 8am to 5pm except state holidays.

Requestor Acknowledgment:

This form is for the use of requesting access to the public records of Clark College. Lists of individuals obtained with this request cannot be used for commercial purposes. Clark College may not be the custodian of the record(s) requested. Records or sections of records may not be subject to public disclosure under Washington State law and may be withheld or redacted in accordance with the law. Copying and/or postage fees may be associated with this request. Clark College offers inspection of public records at no cost. The College Records Office of Human Resources will notify me if the releasing of the record is restricted under law or if parts of the record requested will be redacted. If a document is available for public disclosure the College Records Office will contact me about inspecting the record(s) and any copying fees associated with the request.

Signature

Date

For Office Use Only

Date and time request received:		Date of initial response:	
Records provided: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Final Response/Method of Access to Records:	Copying fee:	Fee waived <input type="checkbox"/> Yes <input type="checkbox"/> No
Public Records Officer			
_____ Signature		_____ Date	