Security Department

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*Security Department*

*1933 Fort Vancouver Way, MS GHL 118*

*Vancouver, WA 98663*

*(360) 992-2133 (360) 992-2892 FAX*

Public Records Request

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Contact Information** | | | | | |
| First Name | | | Last Name | | |
| Address | | | City | State | Zip Code |
| Telephone Number | | Fax Number | Email Address | | |
| Preferred method of access to records:    🞎 Mail 🞎 E-mail 🞎 Fax 🞎 Pick-up from Clark College Gaiser Hall Rm. 118 🞎 Inspect at Clark College GHL Rm. 118 | | | | | |
| **Records Requested** *(To assist our office in its effort to process your request, please be specific and try to identify the document or record by name.)* | | | | | |
|  | | | | | |
| Will this information be used for commercial purposes?  Yes No | | | | | |

*SEND REQUEST TO: Clark College Security Department Attn: Public Records Request, 1933 Fort Vancouver Way, MS GHL 118, Vancouver, WA 98663, (360) 992-2133 (360) 992-2892 FAX,* [*Security.Requests@clark.edu*](mailto:Security.Requests@clark.edu) *Office hours are Monday through Friday, 7am to 9pm except state holidays.*

Requestor Acknowledgment:

This form is for the use of requesting access to the public records of motor vehicle accidents at 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 **RCW 42.56.050 and RCW 42.56.210(1)**. Copying and/or postage fees may be associated with my request. Clark College offers inspection of public records at no cost. The Security Department 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 Security Department will contact me about inspecting the record(s) and the copying fees associated with the request.

Signature Date

***For Office Use Only***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | *Date and time received* | | *Date of response* | | |
| *Records provided*  *🞎 Yes 🞎 No* | *Method of access to records* | | *Copying fee* | *Fee waived*  *🞎 Yes 🞎 No* |
| ***Security Director or***  ***Records Coordinator***  *Signature Date* | | | | |

Requestor Acknowledgement:

I have received the records that I requested or an explanation of why this request was denied.

Signature Date