

ALABAMA COMMISSION ON HIGHER EDUCATION

OPEN RECORDS REQUEST FORM

NAME AND TITLE OF PERSON REQUESTING RECORDS:

NAME OF BUSINESS OR ORGANIZATION:

DATE: _____

CONTACT INFORMATION FOR PERSON REQUESTING RECORDS:

BUSINESS PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

PHYSICAL ADDRESS OF BUSINESS/ORGANIZATION/PERSON:

PURPOSE FOR WHICH INFORMATION IS REQUESTED:

SEARCH TERMS:

SPECIFIC DOCUMENTS:

TIMEFRAME OF DOCUMENTS:

_____ to _____

REQUESTED BY: _____

Signature