## Public Records Request Form

Montclair State University
Office of University Counsel
& R O H + D O3085 R R P
MONTCLAIR, NEW JERSEY 07043

3OHDVH VXEPLW 235\$ YLD I RU FDPSRVQ#PRQWFODLU HGX

Company:  Address:  City, State, Zip:  Have you ever been convicted of an indictable crime? Y* N	E-Mail:		
City, State, Zip:			
City, State, Zip:			
Have you ever been convicted of an indictable crime? Y* N	· · · · · · · · · · · · · · · · · · ·		
,	r Pick-up r US Mail		
(* If yes, see NJSA 47:1A-I, et seq.)	Fedex/UPS: r Standard r 2 nd Day		
Are you a citizen of the United States? Y N	r Next Day		
Are you a citizen of the State of New Jersey? Y N			
Signature:	Date:		
SECTION II - RECORD REQUEST INFORMATION:  Provide request information here Đ be as specific as possible	SECTION III - PAYMENT INFORMATION:		
	Payment Type:r Cash r Check		
	r Credit Card: r Visa r MasterCard r Discover Credit Card #: Name on Credit Card: Credit Authorization Signature:		

Note: To request University records under the Open Public Records Act, you must complete sections I, II, III of this form and deliver it in person, by mail, electronically, or by other appropriate means DV PHQWLRQHG DE to the Custodian of Records (Office of the University Counsel) at Montclair State University. Please see reverse side for instructions. Sections A-E are for Montclair State University use only.

SEC. A - TRACKING		SEC. B - DOCUMENTS PROVIDED D ID #:				
FULFILLMENT INFORMATION:						
Tracking #				<del></del>		
Division Code						
Request RecÖd						
# Total Pages						
SEC. C - DISPOSITION FOR REQUEST: Custodian: If any part of the request is denied or cannot be filled within 7 business days, detail reasons here						
SEC. D D DISPOSITION DETAIL:		Sec. E		_		
r Filled		CHARGES		Estimated	Actual	
r Denied			Photocopie	S		
r Partially Filled			Rate per cop	У		
r Partially Denied			Hours			
		Hourly rate	•			
			Delivery			
Custodian:			Total charge	S		
			Deposi			
			Due upor			
			completion			