



SOUTH TEXAS COLLEGE REQUEST FOR PUBLIC INFORMATION

In compliance with Public Information Act of the Texas Government Code, Chapter 552, South Texas College will comply with release of requested information unless information is exempt from disclosure. All requestors are responsible for payment of reasonable expenses for cost of records.

Please print:

Date:	Requestor Name:	
Company Organization:	Mailing Address:	
City	State:	Zip Code:
Phone Number:	Preferred method of delivery:	
	<input type="checkbox"/> Email E-mail address: _____ <input type="checkbox"/> Fax Fax number: _____ <input type="checkbox"/> Mail Mailing address: <input type="checkbox"/> Same as above <input type="checkbox"/> Other	
	Mailing address	City, State, Zip Code

Please provide a detailed description of information being requested. Please include record names, specific time periods, or any other pertinent information for retrieval of record.

Signature: _____ **Date:** _____

*****South Texas College Only*****

Due Date:	Extension Required: <input type="checkbox"/> Yes <input type="checkbox"/> No Extension Date: _____ Time: _____
Letter/Notice of Notification:	<input type="checkbox"/> Required <input type="checkbox"/> Not Required
Information relayed to:	<input type="checkbox"/> Student Records and Registrar <input type="checkbox"/> VP for Admin. Services/Finance <input type="checkbox"/> Office of Human Resources <input type="checkbox"/> Purchasing <input type="checkbox"/> Research and Analytical Services <input type="checkbox"/> Other
Number of pages for release:	
Information Reviewed by legal counsel:	<input type="checkbox"/> Approved <input type="checkbox"/> Routine Review by: _____
Approval by President:	Approved: _____ Date _____ Dr. Ricardo J. Solis