INDIANA UNIVERSITY-PURDUE UNIVERSITY FORT WAYNE
REQUEST FOR PUBLIC RECORD

A. Request for Public Record:

1. Requesting Person: _____

   Address: _____
   Number and Street City State Zip

   Telephone: _____(_____)_____
   Area Code Number

2. Public Record Requested (please identify in detail):

   _____

   _____

   _____

   _____

3. Date and Time of Request: _____

_____
Signature of Requesting Person

B. IPFW Action on Above Request:

_____ 1. Granted in full.

_____ 2. Denied in full.

Reason for Denial: _____

_____

_____ 3. Granted in part; denied in part.

Reason for Partial Denial: _____

_____

_____
Signature of Public Records Officer or Designee