REQUEST FOR PUBLIC INFORMATION FORM

PLEASE COMPLETE THE SECTION BELOW

I HEREBY REQUEST, PURSUANT TO Idaho Code Section 9-338, to receive, examine, and/or copy the following public records/information:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

I understand that this information cannot and will not be used for commercial purposes per Idaho Code Section 9-348.

________________________   ______________________________

(Printed Name)                                                               (Signature)  

(Date)

Name or Organization: _______________________________________________________

Mailing Address: __________________________    Home Phone: __________________

________________________________________     Work Phone:   _________________

________________________________________     Fax: ______________

Within three (3) business days, North Idaho College will either:

1. Provide the information requested,

2. Acknowledge that the request was received and if a longer period of time is needed to locate or retrieve the records, provide them no later than ten (10) business days following the request, or

3. Deny the request.

Return this form in person or fax to: North Idaho College Community Relations

1000 W. Garden Ave.

Coeur d’Alene, Idaho  83814

Phone: (208) 769-3316    Fax: (208) 769-3273

Email: communityrelations@nic.edu

Date Received: ________________
REQUEST FOR PUBLIC INFORMATION FORM

(THIS SIDE COMPLETED BY COMMUNITY RELATIONS OFFICE ONLY)

LEGAL REVIEW
(When appropriate)

The following may be released: ________________________________

The following may not be released: ________________________________

Reason for not releasing: _______________________________________

(Printed Name of Reviewer)  (Signature)  (Date)

NORTH IDAHO COLLEGE’S ACTION:

__________________________________________
(Requester’s Name)

The following information was released to the above named requester under Idaho Code _____:

__________________________________________

__________________________________________

__________________________________________

Employee who prepared the information:

(Printed Name)  (Office/Department)  (Phone Number)

Was there a need to expunge information before release:   [ ] YES    [ ] NO

How many pages were released: ____________ page(s)

How was it delivered:   [ ] PICKED BY REQUESTER

[ ] MAILED (postal mail)

[ ] EMAILED (electronic mail)

[ ] FAXED   Fax Number: ______________________

Was a fee collected for copying:   [ ] YES    [ ] NO    Amount collected: $_______

(Printed Name of Releaser)  Signature  Date