

# OPEN RECORDS REQUEST FORM

Rev. 7.19.2024

Please legibly complete the fields below and then email this form, along with evidence establishing your Alabama residency (e.g., Alabama driver's license, etc.), to [USAOpenRecords@southalabama.edu](mailto:USAOpenRecords@southalabama.edu).

## Requestor Information

Name: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

## Request

Date of Request: \_\_\_\_\_

Records Requested (be specific):

**\*A public officer is not obligated to respond to a request that is vague, ambiguous, overly broad, or unreasonable in scope, nor is a public officer obligated to respond to a request that seeks records that do not exist or materials that are not public records. Additionally, extensive requests for public records may increase the fees to cover the administrative cost of searching and copying the requested records.**

Purpose of Request:

Payment of fees may be required before your request is fulfilled. By submitting this request, you certify that you are an Alabama resident with standing to make a request for public records pursuant to Alabama law.

\_\_\_\_\_  
Requestor Signature

\_\_\_\_\_  
Date