Western Washington University
Public Records Office
516 High St –MS 9015
Bellingham, WA 98225
Phone: (360) 650- 2728
FAX: (360) 650- 4228

Public Records Request

IDENTIFICATION		
Name	Date of Request	
Street Address	Phone	FAX
City / State / Zip	E-mail	
Records to be: _____ Viewed _____ Copied _____ Electronic copies No charge for viewing records. For copying charges, please see www.wwu.edu/attorneygeneral/records.shtml		

NATURE OF REQUEST

Description of Records – Please give a written description of the records you wish to see and, where possible, indicate dates, topic, and person(s) referenced. Please be as specific as possible.

I hereby certify that the information obtained as a result of this request for public records will not be used in whole or in part to compile a list for commercial purposes. **(RCW 42.56.070)**

Requester's Signature: _____

OFFICE USE ONLY		
Date Request Received	**Request Number**	
Request Referred to: Name / Department		Date Sent
1. _____		_____
2. _____		_____
3. _____		_____
O **REQUEST APPROVED**	Date:	By:
O **REQUEST DENIED**	Date:	By:
Reasons for Denial:		
REQUEST CLOSED / DATE:		