

Requestor Name

Company

Street address

City, State, ZIP

Telephone

Email

Public record
requested (please
identify in detail)

Date of request:

PURDUE UNIVERSITY ACTION ON ABOVE REQUEST

Granted in Full. Granted
Record(s) enclosed

Denied in Full Denied

Reason for denial:

Granted in part Granted in part

Reason for partial denial

Approving:

Public Records Administrator, Purdue University

Return form to:

Office of Legal Counsel
Hovde Hall of Administration
Email: publicrecords@purdue.edu