



REQUEST FOR PUBLIC RECORDS

Request Date: _____ Time of Day of Request: _____

Name: _____ Organization (If applicable): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Nature of Request: _____

Description of Records Requested: _____

If this request is for a list of individuals, will the information provided by used for commercial purposes? ___Yes ___No

Preferred method of receiving the records requested:

- Hard copies delivered by mail
- Fax (Fax number: _____)
- Digital copies on CD delivered by mail
- Digital copies delivered by email
- Review records in person at the college.

Questions? Please contact records@edcc.edu

As a state agency, Edmonds Community College is subject to the provisions of the Washington State public disclosure laws (RCW 42.46) governing access to public records and will respond accordingly.