



McLennan Community College Police Department



Open Records Request

Requesting copies of records Requesting to inspect records

Requestor Information:

Name _____ Date _____
Address _____ City _____ State _____ Zip _____
Telephone # (_____) _____ - _____ Email address _____

Document Information:

Case Number _____
What specific types of records are you requesting _____

If you do not know the case number, please provide as much information as you can below:

Date Reported _____
Location of Incident _____
Involved Persons Names _____
Other details _____

Documents may be inspected during regular business hours. Persons inspecting documents may do so only in a designated inspection area.

Persons requesting information shall be directed to follow the procedures outlines in the Open Records Policy (E-XXVII). A fee for copies of records may be charged based on the General Services Commission’s published rates.

By signing below, you verify you have been given an opportunity to review this policy and agree to its provisions.

Requestor Signature _____ **Date** _____

Records Recipient (if different than Requestor) _____ Date _____

*If returning this form via email, please send to both of the following addresses:

rwilliams@mclennan.edu & slippe@mclennan.edu

Office Use only:

Approved Rejected

Approved or Rejected by: _____ Date _____

Released to requestor by: _____ Date _____