

Office of Legal Affairs 2801 W. Bancroft Street, M.S. 943 Toledo, OH 43606

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PUBLIC RECORDS REQUEST FORM

The University of Toledo is dedicated to transparency and acting in accordance with Ohio's Public Records Act. *Your request is not required to be in writing or made through this form, nor is it required that your name/identity or intended use of the requested records be disclosed.* The form is solely intended to serve as a convenient tool for the requester to make his/her request and to enhance our ability to respond to your request in a timely and reasonable manner.

Please provide enough contact information so that your request can be delivered.

Name of Requester	To	oday's Date
(optional)		
Street Address	City, State, ZIP	
(optional)	(optional)	
Phone Number(s)	Fax Number	
(optional)	(optional)	
Email Address		
(optional)		
RECORDS REQUESTED		
Please be specific. Records sought must be identified with sufficient clarity in order to allow The University of Toledo to identify, retrieve, and review the records.		
Description of Records Requested:		
Relevant Dates (if applicable):		
the second secon		
FORMAT REQUESTED		
○ Paper ○ Electronic	○ Other:	
REQUESTED METHOD OF DELIVERY **Please provide, at a minimum, the corresponding communication method		
above to ensure our ability to provide the response/records.		
○ Email ○ Mail ○ Fax ○ Pickup In Person ○ In Person Review ○ Other:		
Please notify me of fulfillment costs, if any, prior to production: YES NO		
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STATEMENT: Public records requests made to The University of Toledo may be submitted via the website, email, mail,		
fax phone or dropped off in-person		