PUBLIC RECORDS REQUEST FORM

Rowan University
201 Mullica Hill Road
Glassboro, New Jersey 08028

See Instructions on Reverse Side

Section I – Requestor Information: (See Note Below) – Please PRINT or TYPE all information
First Name:______________________________________________________________________________________
Middle Name:____________________________________________________________________________________
Last Name:______________________________________________________________________________________
Company:_____________________________________ Telephone: ( ) -
Address:______________________________________ E-mail:__________________________________________
State:______________ City:_________________________ Zip:______________________________

Under penalty of N.J.S.A. 2C:28-3, have you been convicted of any indictable offense under the Laws of any state or the United States?
☐ Yes ☐ No
Are you a citizen of the United States?
☐ Yes ☐ No

Preferred Delivery: (Choose One)
☐ Pick-Up  ☐ US Mail  ☐ Electronic  ☐ Other  If other specify:________________________________________

Signature:________________________________________ Date:__________________________________________

Section II – Records Request Information: Give a description of the records you are requesting. Add additional pages if needed.

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Section III – Payment Information - ☐ Cash ☐ Check ☐ Change ☐ Money Order

Note: To request University records under the Open Public Records Act (OPRA), sections I, II, and III of this form must be completed and delivered by an appropriate means to Richard Hale, Vice President for Administration and Finance, the Custodian of Records in Linden Hall.

Section IV – FOR ADMINISTRATIVE PURPOSE ONLY
Tracking#:________________________________________ Total # of pages:_________________

Disposition Detail - ☐ Filled ☐ Denied ☐ Partially Filled (If request is denied, list the reason below.)

Charges
Number of Pages:  Special Delivery Fee:  Special Service Fee
1st – 10th pages:__________ x $0.75 per page  Fee:________________________  Fee:________________________
11th – 20th pages:__________ x $0.50 per page  Due to:________________________  Due to:________________________
All pages over 20:__________ x $0.25 per page  Due to:________________________  Due to:________________________
Grand Total:__________________________________________________________

Custodian Signature:________________________________________ Date:________________________________________