THE UNIVERSITY OF MEMPHIS
REQUEST FORM TO INSPECT/COPY PUBLIC RECORDS
(Print or Type)
Name: _________________________________________________ Telephone Number _______________
Address: ____________________________________________________________________ __________________
Tennessee Driver’s License Number: ________________________________________________________
(or other acceptable identification to prove citizenship in Tennessee) Attach a copy of the ID
Company or business represented, if applicable: _______________________________________________
Business telephone number: __________________________________________________________________
Date and time of request: ________________________________________________________________
Department of record: ____________________________________________________________________
General description of record requested to be inspected: ________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
Signature of Requestor: ____________________________________________ Date: _________________
IF COPIES ARE DESIRED, THE PRICE PER COPY IS 15 CENTS PER PAGE FOR STANDARD
LETTER AND LEGAL SIZE PLUS THE ACTUAL COST OF LABOR AND/OR PROGRAMMING TO
PRODUCE THE COPY AFTER THE FIRST HOUR. THE PRICE PER COPY FOR LARGER OR OTHER
RECORDS IS THE ACTUAL COST. COST FOR SPECIAL FORMATS OR AN APPROVED SPECIAL
FEE ARE NEGOTIATED WITH APPROVAL OF LEGAL COUNSEL.
Date and time copies picked up by requestor: Date________________________ Time________________
*Date copies were mailed: ____________________________________________________________ ___
Signature of custodian: __________________________________________ Date: ___________________
FORM DISTRIBUTION: Legal Counsel (Original); Office of Communication Services (Copy); Department
Custodian File (Copy).
SPECIFIC RECORDS REQUESTED/EXAMINED: Date Check if
Examined Copied Desired
1. ____________________________________________  _______________  ____________
2. ____________________________________________  _______________  ____________
3. ____________________________________________  _______________  ____________
4. ____________________________________________  _______________  ____________
5. ____________________________________________  _______________  ____________
6. ____________________________________________  _______________  ____________
Specify additional sheet(s), if needed
* Any actual delivery costs incurred by the University will be added to the final total for records