



North Idaho College

1000 West Garden Avenue, Coeur d'Alene, Idaho 83814

Community Relations

REQUEST FOR PUBLIC INFORMATION FORM

PLEASE COMPLETE THE SECTION BELOW

I HEREBY REQUEST, PURSUANT TO Idaho Code Section 9-338, to receive, examine, and/or copy the following public records/information:

I understand that this information cannot and will not be used for commercial purposes per Idaho Code Section 9-348.

_____ (Printed Name) _____ (Signature) _____ (Date)

Name or Organization: _____

Mailing Address: _____ Home Phone: _____

_____ Work Phone: _____

_____ Fax: _____

Within three (3) business days, North Idaho College will either:

1. Provide the information requested,
2. Acknowledge that the request was received and if a longer period of time is needed to locate or retrieve the records, provide them no later than ten (10) business days following the request, or
3. Deny the request.

Return this form in person or fax to:

North Idaho College Community Relations
1000 W. Garden Ave.
Coeur d'Alene, Idaho 83814
Phone: (208) 769-3316 Fax: (208) 769-3273
Email: *communityrelations@nic.edu*

Date Received: _____

REQUEST FOR PUBLIC INFORMATION FORM

(THIS SIDE COMPLETED BY COMMUNITY RELATIONS OFFICE ONLY)

LEGAL REVIEW

(When appropriate)

The following may be released: _____

The following may not be released: _____

Reason for not releasing: _____

(Printed Name of Reviewer)

(Signature)

(Date)

NORTH IDAHO COLLEGE'S ACTION:

(Requester's Name)

The following information was released to the above named requester under Idaho Code _____:

Employee who prepared the information:

(Printed Name)

(Office/Department)

(Phone Number)

Was there a need to expunge information before release: YES NO

How many pages were released: _____ page(s)

How was it delivered: PICKED BY REQUESTER

MAILED (postal mail)

EMAILED (electronic mail)

FAXED Fax Number: _____

Was a fee collected for copying: YES NO Amount collected: \$_____

Printed Name of Releaser

Signature

Date