



Attn: Public Records Officer
Human Resources
1300 Fifth Street
Wenatchee, Washington 98801-1799

PUBLIC RECORDS REQUEST

NAME: _____	PHONE: _____
ADDRESS: _____	
CITY, STATE, ZIP: _____	
DATE and TIME of REQUEST: _____	
TITLE OF RECORD (If Known): _____	
DATE OF RECORD (If Known): _____	
LOCATION OF RECORD (If Known): _____	
<p>Please describe below the records you are requesting and any additional information that will help us locate them for you as quickly as possible. Failure to provide information sufficient to identify the records may cause delay.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<input type="checkbox"/> I wish to have copies/duplicates of the records indicated above. I understand that there may be a charge.	
<input type="checkbox"/> I wish to make an appointment to review the records indicated above before copies are made. If copies are requested, there may be a charge.	
I certify that any lists of individuals obtained through this request for public records will not be used for commercial purposes.	
X Signature: _____	Date: _____

Pursuant to RCW 42.56.320, this form acknowledges that your request has been received. Wenatchee Valley College will provide further response within five days of receipt of this request regarding disclosure or denial.