

EAST GEORGIA STATE COLLEGE **OPEN RECORDS REQUEST FORM**

Your Name: _____

Address: _____

Phone: _____

Please identify the records you are seeking. BE SPECIFIC. If your request is detailed and specific, it will aid us to retrieve the requested records quickly and completely. For electronic messages, the name, title or office of the person or department whose information you are requesting and any specific databases to be searched is essential to ensure our timely and accurate response. Please be advised that some records may not be released due to a privacy law or statute that prohibits their release.

Please send this Request to: East Georgia State College
Office of External Affairs
131 College Circle
Swainsboro, Georgia 30401

Or bring it by our Office at: 131 College Circle
Gambrell Building, President's Suite, Room J572
Swainsboro, Georgia 30401

Signature: _____

Date: _____

Please be advised that in accordance with the Georgia Open Records Act, if the records are readily accessible, are not voluminous and the cost to produce the records does not exceed \$25, External Affairs will respond within the three day deadline with the requested documents. For all other requests, you will be charged .10 per page for paper copies for letter or legal size documents and for all other copies, the actual cost of producing the actual cost of any electronic media storage and the hourly rate of the lowest paid qualified employee who retrieves and copies these documents beyond the fifteen (15) free minutes allowed by statute. You will be notified of any charges incurred by this Request by the Office of External Affairs prior to fulfilling this Request.