



Records Request Form

I, _____, am requesting the following records and documentation from Madison College Public Safety.

List requested documents

I, _____, understand that due to ongoing investigations and confidential information that all records may not be accessible and some documentation may be withheld from records before being distributed to me.

Place State Photo ID Here

Once your request for records is submitted it will be reviewed by Madison College Public Safety command staff and you will receive a response within 5 business days with the decision whether the records may be released to you. Pending on the records you are requesting there is no timeline as to when you will receive the requested records. Requests are handled in the order in which they are received and are processed as timely as possible. Any records request will be denied if a State photo ID is not present at the time of request or if the information below is not filled out in its entirety. You will receive a copy of this request upon submittal.

Requesters contact information

First _____ M.I. _____ Last _____

Street _____ City _____ State _____

Phone _____ Email _____ DOB _____

Reason for Request of Records

Date of Request _____ Signature of requester _____

Date Notified _____ Means of Notification _____