

Georgia Open Records Act – Request Form

To submit an Open Records Request, complete this form and submit it via U.S. mail, fax or deliver in person. You will be notified of the details pertaining to your request and any costs associated with it. As per Georgia law, Gordon State College is allowed three (3) business days to respond to the request. Please retain a copy of this request for your files.

Requestor's Name: _____ Telephone # _____

E-mail Address: _____ Fax #: _____

Mailing Address: _____

Under the provisions of the Georgia Open Records Act, the undersigned hereby respectfully requests permission to inspect and/or obtain photocopies of the following records in the possession of _____ at Gordon State College.

(Department)

The undersigned person requesting such records agrees to pay to the institution a fee of ten (.10) cents per page for photocopy service, and any additional fees required for certification of documents, or for personnel costs associated with the search for and retrieval of such records.

This _____ day of _____, 20____.

(Signature of person requesting records)

Requested Records:

Request Received by: ___ Mail ___ Fax ___ E-mail ___ Phone ___ Visit

*Requests for student records are governed by the Family Educational Rights and Privacy Act (FERPA). *