HOWARD COUNTY JUNIOR COLLEGE DISTRICT
REQUEST FOR COLLEGE DOCUMENT

Name of Person Making Request: ____________________________________________

Date and Time of Request: ________________________________________________

Document(s) Requested: __________________________________________________

________________________________________________

For Inspection Only: ______________
For Inspection and Reproduction: _____________
See Charges in Employee Handbook Appendix

*NOTE: Additional expenses incurred by the college in locating and retrieving the information may be charged to the party requesting the information. Should the estimated amount to be charged for the reproduction exceed $5, a deposit of 60% of the estimated cost shall be required.

____________________________________
Signature

The information requested is not public in nature.

____________________________________
College Official

This information is stored ______ in active use ______ unavailable ______ If unavailable, please state reason:

____________________________________

If stored or in active use it will be made available at ______________________ on ______________________

Time Date

____________________________________
College Official

The information was made available at ______________________ on ______________________

Time Date

____________________________________
College Official