



REQUEST FOR PUBLIC RECORDS VICTOR VALLEY COMMUNITY COLLEGE

SECTION I – Complete sections I and II only.

DATE: _____

REPRESENTING (if applicable)

Name of Requestor_____
STREET ADDRESS_____
CITY – STATE – ZIP_____
Phone #If there is any particular urgency attached to this request,
please indicate the date by which you need the
information.

The College may charge for photocopies.

SECTION II – NATURE OF REQUEST: Describe the records you want to see. Please be as specific as possible.
Please allow 10 working days from the date of your request for copies to be provided._____
REQUESTER'S SIGNATURE

SECTION III (For VVC offices to complete) - Disposition of Request **ALLOW ACCESS** The applicable department has been notified and you may access the requested records. **DENY ACCESS** The College has determined that the records you have requested are exempt under the law for
the following reasons (see explanation). **WE DO NOT HAVE THE RECORD(S).**

Explanation:

NAME: Victoria Martinelli, Executive Assistant

REQUEST # _____ **DATE RECEIVED:** _____ **SIGNATURE:** _____Please submit your request directly to the Office of the President, Victor Valley College, 18422 Bear Valley Rd.,
Victorville, CA 92395