



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: Katy Evilsizor, Sr. 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