OPEN RECORDS REQUEST FORM Rev. 7.19.2024

Please legibly complete the fields below and then email this form, along with evidence establishing Alabama driver's Alabama residency license, (e.g., etc.), USAOpenRecords@southalabama.edu.

Requestor Information	
Name:	
Business Name (if applicable):	
Phone Number:	
Email Address: Street Address:	
City, State, Zip Code:	
not exist or materials that are not public rec	er obligated to respond to a request that seeks records that do cords. Additionally, extensive requests for public records may cost of searching and copying the requested records.
Purpose of Request:	
• • •	request is fulfilled. By submitting this request, you ith standing to make a request for public records
Requestor Signature	Date