



**REQUEST FOR ACCESS TO RECORDS**

Date of Request \_\_\_\_\_

Name of Person Making Request \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone No. \_\_\_\_\_

I, the undersigned hereby request the following records maintained by the Mississippi Gulf Coast Community College: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Requests shall be specific enough to allow MGCCC employees to identify and retrieve the records requested.

My request is to: (Check the appropriate item (s))

\_\_\_\_\_ 1. Review the records listed above.

\_\_\_\_\_ 2. Receive photocopies of records listed above.

\_\_\_\_\_ 3. Have copies of records mailed to the address shown above.

I understand that appropriate charges for searching, researching, copying and/or mailing shall be paid in full prior to the granting of this request.

Signature of person making request:

\_\_\_\_\_

**PER-GEN-13 (Rev. 1/18)**

*Mississippi Gulf Coast Community College is an Equal Opportunity Employer and welcomes students and employees without regard to race, color, religion, national origin, sex, age or qualified disability. For further information, contact the Equal Opportunity Officer at a Mississippi Gulf Coast Community College Center, Campus, or the District Office. Compliance is coordinated by the Vice President for Administration and Finance, Perkinston Campus, P. O. Box 609, Perkinston, Mississippi 39573, telephone number 601-928-5211.*