



## INFORMATION REQUEST FORM

John Carroll University is pleased to make available to the public all information not exempt from disclosure by applicable federal or state law. We will provide you with all non-exempt requested information within a reasonable period of time, upon payment of copying costs established by the University. To assist us in evaluating your request, please complete this form in its entirety.

Name *(optional)* \_\_\_\_\_

Address *(optional)* \_\_\_\_\_

Date \_\_\_\_\_ Phone # \_\_\_\_\_

➤ Information Requested: *(State as specifically as possible the information you request.)*

Date of Document(s) \_\_\_\_\_

Document Description \_\_\_\_\_

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Signature *(optional)*

Requests to inspect or copy public records may be made during regular University business hours of 8:30 AM-5:00 PM, Monday-Friday by contacting:

Mailing Address: Jeff Daberko  
Chief/Director of JCUPD and Records Custodian  
John Carroll University  
1 John Carroll Blvd.  
University Heights, OH 44118

\* \* \* \* \*  
**For Office Use Only**

Material(s) Released \_\_\_\_\_

Date \_\_\_\_\_ By \_\_\_\_\_

Approved By \_\_\_\_\_