

Pursuant to Wisconsin's Open Records Law, Wis. Stat. § 19.31 et seq., this is a request to inspect or obtain copies of records. This form is for convenience only. Requestors are not required to reveal personal information or make requests in writing.

1. Describe the record in as much detail as possible.

2. Please check an option for your review of the record:
 - Inspect the record at UW-Eau Claire
 - Obtain a photocopy of the record to be picked up at UW-Eau Claire.
 - Obtain a photocopy of the record to be sent via U.S. Mail.
 - Obtain a facsimile of the record
 - Obtain a pdf copy of the record via e-mail.

3. Your name: _____
Your street address: _____
Your telephone number: _____
Your facsimile number: _____
Your e-mail address: _____

Your signature

Date

If the estimated cost of your record request exceeds \$10.00, prepayment may be required.