REQUEST TO EXAMINE/COPY PUBLIC RECORDS

	ds Custodian College of Southern	n Idaho		
DATE:				
I hereby requ	uest, pursuant to Idaho Code § 74-	102, to examine and/or copy th	e following p	ablic records:
	These records specifically pert	ain to myself.		
	I would like to merely examine	e these records.		
	I would like copies of these records.			
	I would like these records prov	vided to me by email (if possibl	e) at the emai	l address below:
PRINT NAM	ME:			
COMPANY	(if applicable):			
ADDRESS:				
	Street	City, State	Zip	
Email Addre	ess:			
Telephone n	number:			
SIGNATUR	RE:			
Idaho Code § I further unde	e by my signature that the records sou 3 74-120. erstand there may be costs associated v lidays shall be deemed received the ne	with this request. Requests receive		•
Submit this i	form using one of the following me	ethods:		

Email a scanned copy as PDF to: info@csi.edu

Mail a physical copy to:

College of Southern Idaho ATTN: Matt Hartgrave PO BOX 1238 Twin Falls, ID 83303-1238

Drop off a physical copy at the main CSI campus to:

College of Southern Idaho Matt Hartgrave Canyon 115 315 Falls Ave. Twin Falls, ID 83301