



Open Records Submission Form

GORA-01

This form is to be used by individuals requesting documents under the Georgia Open Records Act (O.C.G.A. § 50-18-70 et seq.). Open Records Request are not required to be in writing; however, use of this form will assist both the requestor and the University of West Georgia to fulfill the request accurately, as possible.

NOTE: Information submitted with this web form is not secure. **Do not include any personally identifiable information (PII)** (e.g., social security numbers, student ID numbers, and account numbers).

Fields marked * are required.

Date:

Name of Requestor*

Phone No.

Name of Business:

Fax No.

Mailing Address:

(street, city, state,
and zip code)

Email Address:*

In accordance with the Georgia Open Records Act, charges for copies is \$.10 per page. Additional charges for search, retrieval, redaction, and production or copying of records shall not exceed the prorated hourly salary of the lowest paid, full-time employee who has the necessary skill and training to perform the request; provided that no charge shall be made for the 15 minutes allowed by statute. The Open Records Officer will communicate any charges incurred.

**Amount
Authorized***

Below identify and provide a detailed description of the records you are seeking. **BE SPECIFIC.**
Be sure to include any date ranges and search parameters you wish us the use when complete the search and retrieval process. Be advised not all records due to a privacy law or statute are subject to disclosure.

Requested Records*