

## REQUEST TO EXAMINE/COPY PUBLIC RECORDS

**TO: Records Custodian, College of Southern Idaho**

DATE: \_\_\_\_\_

I hereby request, pursuant to Idaho Code § 74-102, to examine and/or copy the following public records:

---

---

---

---

---

- ☐ These records specifically pertain to myself.
- ☐ I would like to merely examine these records.
- ☐ I would like copies of these records.
- ☐ I would like these records provided to me by email (if possible) at the email address below:

PRINT NAME: \_\_\_\_\_

COMPANY (if applicable): \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street
City, State
Zip

Email Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

*I acknowledge by my signature that the records sought by this request will not be used for a mailing list or telephone list as set forth in Idaho Code § 74-120.*

*I understand that there may be costs associated with this request. Those costs will be disclosed prior to fulfilling the request.*

*An initial determination about this request will be made within three (3) business days for Idaho residents and within twenty-one (21) business days for non-Idaho residents. Idaho residents should check the box below affirming their residency status. Requests received after normal business hours or on weekends/holidays shall be deemed received the next business day.*

☐ By checking this box, I affirm under oath that I am a resident of Idaho, as set forth in Idaho Code 74-102.

Submit this form using one of the following methods:

**Email a scanned copy as PDF to: [info@csi.edu](mailto:info@csi.edu)**

**Mail a physical copy to:**  
College of Southern Idaho  
ATTN: Matt Hartgrave  
PO BOX 1238  
Twin Falls, ID 83303-1238

**Deliver a physical copy to:**  
College of Southern Idaho  
ATTN: Matt Hartgrave  
Canyon 115  
315 Falls Ave.  
Twin Falls, ID 83301