## REQUEST TO EXAMINE/COPY PUBLIC RECORDS

TO: Records CustodianCollege of Southern Idaho	
DATE:	
I herebyrequest, pursuant tdaho Code 74102 to examine	and/or copy the following public records:
These records specifically pertain to myself	•
I would like to merely examine these records	S.
I would like copies of these records.	
I would like these records provided to me by	y email (if possible) ætrthæil addresbelow.
PRINT NAME:	
COMPANY (if applicable):	
ADDRESS:	
Street	City, State Zip
Email Address:	<u> </u>
Telephone number:	
SIGNATURE:	
I acknowledge by my signature that the records sought byeomises Idaho Code § 74120. I further understand there may be costs associated with this reomise weekends/holidays shall be deemedeived the next business day	exptests received after normal business hours or on
Submit this formusing one of the following methods:	
Email a scanned copy as PDF tonfo@csi.edu	

Mail a physical copy to: College ofSouthern Idaho ATTN: Matt Hartgrave PO BOX1238 Twin Falls, ID 83303-1238

Drop off a physical copy at the main CSI campusto: College of Southern Idaho Matt Har Wgrave Canyon 115 315 Falls Ave. Twin Falls, ID83301