

Allegany College of Maryland
STUDENT & LEGAL AFFAIRS

FOIA REQUEST FORM

Requestor's Name: _____ **Date:** ____/____/____

Contact Information (eg., address / phone number / email address): _____

Billing address (if different) for associated costs: _____

Please identify or describe the record(s), data, information, document(s), report(s) you are requesting. Please be specific, as it will help us respond to your request more efficiently. Use additional sheets if necessary.

Thank you for your request. We will respond as quickly as possible; we will notify you if we cannot provide the information requested or if we cannot produce the information within ten (10) days. By law, we have a maximum of thirty (30) days to comply with information that can be provided. Information will be provided (or made available) by the most efficient means.

OFFICE USE ONLY:

DATE RECEIVED by FOIA officer: ____/____/____ Initials: _____

Verification: This information is not readily available to the public via existing publication, web, etc.

This information CAN be provided (ie., no valid exceptions apply per FOIA Policy Provision II).

- Custodian (official/department): _____
- ____/____/____ Request forwarded to custodian.
- ____/____/____ Custodian's compliance deadline

This information CANNOT be provided pursuant to the following valid exception(s).

FOIA Officer to *specify* what information cannot be provided to the Applicant and why:

The approved information has been provided by the Custodian.

- ____/____/____ Request Satisfied & information provided or made available.
- Custodian: confirm via email with attachments OR initial here _____.
- \$ _____ Cost to be paid by the Applicant (within 30 days):
 - () Duplication (per page) _____
 - () Assembly (time, materials) _____
 - () Consultation (time, fee) _____
 - () Research (time, materials) _____
 - () Postage (USPS rates for ACM) _____
 - () Other (Specify) _____

A copy of this Form may be provided to Applicant.

*Custodian: Be sure to keep a copy of this form for your records and to send a copy of this form to the FOIA Officer.

Dr. B. Renee Conner, FOIA Officer (or designee)