

# Data Request Form – Members of the Public

## St. Cloud State University

Date of request: \_\_\_\_\_

**I am requesting access to data in the following way:**

Note: inspection is free but St. Cloud State University charges for research and copying time plus copy costs if together they exceed \$10.00.

Inspection

Copies

Both inspection and copies

**These are the data I am requesting:**

Note: Describe the data you are requesting as specifically as possible. If you need more space, please use the back of this form.

**Contact Information**

Name: \_\_\_\_\_

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

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

You do not have to provide any of the above contact information. However, if you want us to mail you copies of data, we will need some type of contact information. In addition, if we do not understand your request and need to get clarification from you, without contact information we will not be able to begin processing your request until you contact us.

St. Cloud State University will respond to your request as soon as reasonably possible.