

# PUBLIC RECORDS REQUEST FORM

Montclair State University  
Office of University Counsel  
Cole Hall Room 231  
MONTCLAIR, NEW JERSEY 07043

Please submit OPRA via fax:  
973-655-7719 or  
camposn@montclair.edu

## SECTION I - REQUESTOR INFORMATION: (See Note Below) - Please *PRINT* all information

Name: \_\_\_\_\_  
*First Middle Last*

Company: \_\_\_\_\_

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

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

E-Mail: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Preferred Delivery: (*choose one*)

Have you ever been convicted of an indictable crime? Y\* \_\_\_ N \_\_\_

(\* If yes, see NJSA 47:1A-I, et seq.)

- Pick-up     US Mail  
Fedex/UPS:     Standard     2<sup>nd</sup> Day  
 Next Day

Are you a citizen of the United States?    Y \_\_\_ N \_\_\_

Are you a citizen of the State of New Jersey?    Y \_\_\_ N \_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## SECTION II - RECORD REQUEST INFORMATION:

*Provide request information here – be as specific as possible*

## SECTION III - PAYMENT INFORMATION:

Payment Type:     Cash     Check  
 Credit Card:  
 Visa     MasterCard     Discover  
Credit Card #: \_\_\_\_\_  
Name on Credit Card: \_\_\_\_\_  
**Credit Authorization Signature:**  
\_\_\_\_\_  
Expiration Date: \_\_\_\_\_

*Note: To request University records under the Open Public Records Act, you must complete sections I, II, III of this form and deliver it in person, by mail, electronically, or by other appropriate means as mentioned above to the Custodian of Records (Office of the University Counsel) at Montclair State University. Please see reverse side for instructions. Sections A-E are for Montclair State University use only.*

<b>SEC. A - TRACKING FULFILLMENT INFORMATION:</b> Tracking # _____ Division Code _____ Request Rec'd _____ # Total Pages _____	<b>SEC. B - DOCUMENTS PROVIDED – ID #:</b> _____ _____ _____ _____	
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**SEC. C - DISPOSITION FOR REQUEST:**  
*Custodian: If any part of the request is denied or cannot be filled within 7 business days, detail reasons here*

<b>SEC. D – DISPOSITION DETAIL:</b> <input type="checkbox"/> Filled <input type="checkbox"/> Denied <input type="checkbox"/> Partially Filled <input type="checkbox"/> Partially Denied  Custodian: _____		<b>Sec. E. - CHARGES</b>	Estimated	Actual
		Photocopies		
		Rate per copy		
		Hours		
		Hourly rate		
		Delivery		
		Total charges		
		Deposit		
		Due upon completion		