

**OFFICE OF UNIVERSITY RELATIONS
AND COMMUNICATIONS**

University of Mary Washington – Eagle Village, Suite 300
1301 College Avenue, Fredericksburg, VA 22401-5300
PHONE: 540/654-1055

FREEDOM OF INFORMATION REQUEST

(Please Print)

Date Received _____ **LOG NO.** _____

Request made by _____ Contact Preference: Phone Email Mail

Mailing Address _____ City _____ State _____ Zip _____

Email Address _____ Telephone _____

DESCRIPTION OF REQUESTED INFORMATION _____

(Attach separate sheet if additional space is needed.) Estimated cost \$ _____

Requester's Signature _____ Date _____

Office of University Relations
and Communications **Authorized Signature** _____

For collection of information:

Routed to _____ Date _____ Date Reply Received _____

Routed to _____ Date _____ Date Reply Received _____

Routed to _____ Date _____ Date Reply Received _____

Actions Taken: 1) _____ Date: _____

2) _____ Date: _____

3) _____ Date: _____

4) _____ Date: _____

5) _____ Date: _____

6) _____ Date: _____

Date Responded to requester _____ By University Relations Staff Member _____

Date picked up by requester _____

No. pages of response _____ Total Cost \$ _____ Amount Paid \$ _____ Date Paid _____