

Requestor Name

Company

Street address

City, State, ZIP

Telephone

Email

Public record  
requested (please  
identify in detail)

Date of request:

---

PURDUE UNIVERSITY ACTION ON ABOVE REQUEST

Granted in Full.  
Record(s) enclosed

Granted

Denied in Full

Denied

Reason for denial:

Granted in part

Granted in part

Reason for partial denial

Approving:

Public Records Administrator, Purdue University Fort Wayne

Return form to:

Email: [marcuccc@pfw.edu](mailto:marcuccc@pfw.edu)