

LEGISLATIVE BRANCH

REQUEST FOR RELEASE OF INFORMATION

Name of Requesting Party: _____ Date: _____

Mailing Address: _____

Daytime Telephone #: _____

Description of Records Requested: _____

Acknowledgment:

I have been informed that I am prohibited from disclosing protected documents or providing a copy of protected documents to any other person. The intentional disclosure or provision of copies of protected records may subject me to criminal or civil penalties. Furthermore, I acknowledge that I may be subject to criminal or civil penalties if I gain access to protected records by false pretenses, bribery or theft.

I have carefully read and understand the above acknowledgment.

Date Signature

FOR OFFICE USE ONLY

Acknowledgment of Request Receipt: _____
Employee Name

Records Request Forwarded to _____ on _____
Employee Name Date

Action Taken: (check the appropriate line(s))

___ Approve Request on _____ by _____
Date Employee Name

___ Forward Request to DOJ for Consultation on _____ by _____
Date Employee Name

___ Deny Request on _____ by _____ Reason: _____
Date Employee Name

___ Do Not Maintain Requested Record.