

# OPEN RECORDS REQUEST FORM

*Rev. 7.19.2024*

Please legibly complete the fields below and then email this form, along with evidence establishing your Alabama residency (e.g., Alabama driver's license, etc.), to [USAOpenRecords@southalabama.edu](mailto:USAOpenRecords@southalabama.edu).

## **Requestor Information**

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

Business Name (if applicable): \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

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

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

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