MONTGOMERY COMMUNITY COLLEGE

MCC Public Records Request

Name – First:

_____

Name – Last:

_____

Date (mm/dd/yyyy):

_____

Title:

_____

Organization:

_____

Street Address:

_____

Address Line 2:

_____

City:

_____

State / Province / Region:

_____

ZIP / Postal Code:

_____

Country:

_____

Email:

_____

Phone:

_____

Request Description:

_____

_____

_____

_____

_____

[ ] I acknowledge that a fee may be required for the requested information, in accordance with MCC Board Policy 2.3.8.1.

Signature: _____ Date: _____