



Open Records Request

Requestor Contact Information

Requestor's Name: _____

Company/Organization: _____

Mailing Address: _____

City, State Zip: _____

Phone Number: _____

E-mail Address: _____

Description of the Information Requested (Note: Describe the information as precisely as you can)

Date Range (optional) From: _____

To: _____

Requestor's Signature: _____

Date: _____

Please Submit All Requests to: openrecords@laredo.edu

Note: To view rules and regulations regarding the Public Information Act, please visit: <https://www.texasattorneygeneral.gov/open-government/members-public/overview-public-information-act>

For information regarding public information requests at Laredo College including charges please visit our website. <https://www.laredo.edu/about/Legal%20Disclosures/Public%20Information%20Requests1/index.html>