foiarequest@kish.edu		
I hereby request to inspect copy* the following (Please describe requested records as specifically as possible, as necessary.)		itional page if
* There is no copying fee for the first 50 black and white standard-additional copies is 15¢ per page. Actual cost will be charged for costandard size, and for the recording medium (e.g., compact disk, tape,	opies of doc	uments not of
Is this request for a commercial purpose?	Yes	No
Are you requesting a waiver or reduction of copying fees?	Yes	No
If yes, what is the purpose of this request?		
Requester's (Printed) Name		
Requester's Address (including city and state)		