



PUBLIC RECORDS REQUEST FORM

Office of the Custodian of Records
Fenster Hall, Room 480
NJ Institute of Technology
323 Dr. Martin L. King Boulevard
Newark, NJ 07102
(973) 596-5461 Telephone - (973) 642-4056 Fax
Business Hours: M-F 8:30-4:30 (excluding holidays)

Section A. Instructions

1. Please complete the entire form by typing, word processing, or printing clearly with blue or black ink.
2. A separate form must be completed for each document requested.
3. Please sign and date Section G.
4. Public Record Request Forms may only be submitted via mail delivery to the Office of the Custodian of Records (OCR), Attn: Clara Williams, or email to the Office of the Custodian of Records (OCR) clara.b.williams@njit.edu
OCR is the only NJIT office authorized to accept Public Record Request Forms.

Section B. Requestor's Information

Name: _____
 First Middle Last

Company: _____

Address: _____

Telephone: _____ Email: _____

Section C. Record Request

Please provide a clear and detailed description of the record requested, including, if known, the date, type, and creator of the document requested.

Section C. Record Request (continued)

Please indicate whether you are requesting

an inspection of the document requested (to be scheduled by OCR))

-OR-

a copy of the document requested

Section D. Rights and Responsibilities

1. You have the right to request an inspection or copy of a public record from New Jersey Institute of Technology under **N.J.S.A. 47:1A-1 et seq.** although your request may be denied if the record sought falls under an exception to this law, statute, regulation, Executive Order, or court order or if your request may substantially disrupt university operations.
2. The Office of the Custodian of Records (OCR) will respond to your request within seven business days. If your request cannot be fulfilled within that time period, OCR will notify you within seven business days as to the date when the document will be available. If your request is denied in whole or part, OCR will advise of the reason for denial within that same time period.
3. Where a request is made for a copy of a record in a format other than a photocopy, NJIT shall make reasonable efforts, to provide a copy of the record in the requested medium. Additional costs may be charged for such efforts.
4. A requestor has the right to file a complaint or appeal by either filing a complaint with the Government Records Council or with the Superior Court of New Jersey, as provided by **N.J.S.A. 47:1A-1 et seq.**
5. If a requestor has elected not to provide a name, address, telephone number, or other means of contact, OCR shall not be required to respond to his request until he reappears before OCR seeking a response.
6. No requestor who has been convicted of any indictable offense under any state or federal law may seek records regarding personal information pertaining to the requestor's victim or victim's family.

Section E. Fees and Charges

1. If you are requesting a copy of a record, you must provide a deposit of \$10. The deposit must be submitted with a completed Public Record Request Form.
2. If the initial deposit of \$10 is insufficient to cover the final copying charges, a requestor must pay the remaining copying charges prior to receipt of the documents. If the final copying charge is less than the deposit, a refund will be issued with the document.
3. Copying costs, as detailed in **N.J.S.A. 47:1A-1 et seq.**, are as follows: \$0.75 per page for pages 1-10, \$0.50 per page for pages 11-20, \$0.25 for each page thereafter.
4. OCR has the right to charge fees for special handling, copying, formatting, or inspection costs, including but not limited to retrieval of documents from off-site storage, transferring data medium, and office supervision of record inspections. A list of such charges is available at OCR. Full payment of all charges must be made at the time the document is received or inspected.

OCR will only accept cash (**DO NOT MAIL CASH**), cashier's check or money order, made payable to New Jersey Institute of Technology.

Section F. Payment Information

Form of Payment: Cash (DO NOT MAIL) Cashier's Check Money Order

Initial Deposit (\$10) \$ _____

Estimated Number of Pages to be Copied _____

Estimated Charge _____

Final Amount of Copies _____

Final Copying Charge _____

Retrieval Fee _____

Data Transfer Fee _____

TOTAL CHARGE \$ _____

AMOUNT REFUNDED \$ _____

Section G. Acknowledgement

The Requestor hereby acknowledges submission of a detailed request for a public record to OCR and the receipt of a copy of the request form. The Requestor further certifies that he/she has not been convicted of any indictable offense under any state or federal law and is not seeking government records containing personal information pertaining to the victim of a crime or the victim's family as provided by **N.J.S.A. 47:1A-1 et seq.**

Requestor's Name (Please Print or Type)

Requestor's Signature

Date

Section H. Disposition (For Office Use Only)

Request was received by: Mail Office Delivery Email

Date Received: _____

Date Response Due: _____

Date of Response: _____

Request was: Fulfilled Denied

Reason for Denial: _____

Requestor Received Copy of Record On: _____

Requestor Inspected Record On: _____

Requestor Was Advised of Denial of Request On: _____

Custodian Signature

Date