

OPEN RECORDS REQUEST FORM

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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.

Requestor Information

Name: _____

Business Name (if applicable): _____

Phone Number: _____

Email Address: _____

Street Address: _____

City, State, Zip Code: _____

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