

**WEBER STATE UNIVERSITY
GRAMA REQUEST FOR RECORDS**

Send to: University Records Officer, Weber State University, 3850 Dixon Parkway, Dept. 1014, Ogden, UT 84408-1014, or email to: GRAMA@weber.edu. The response to a request may be delayed if it is not directed properly.

Please describe the record sought below. The University is not required to fulfill a request if the record is not identified with reasonable specificity. See U.C.A. ~~63G-2-203~~ ~~63G-2-203(4)~~ the records.

_____ I would like to receive copies of the records. I understand that I will be responsible for actual costs
_____ authorize costs of up to \$ _____. I further understand that Weber State University will contact
_____ costs are greater than the amount I have specified, and that Weber State University will not respo
_____ request for copies if I have not authorized adequate costs. The University will require payment o
_____ before beginning to process a request if costs exceed \$50.00 or requester has not paid fees from a
_____ previous request.

_____ I would like to receive copies of the records. I request a waiver of copy costs. (Please attach information
supporting your request; see U.C.A. 63G-2-203(4) for a list of situations under which an agency may
elect to provide copies with e _____ c _____
