

Mott Community College

REQUEST FOR INFORMATION UNDER THE "FREEDOM OF INFORMATION ACT"

Date of Request: _____

Description of information requested (be specific):

Person requesting data (**please print**):

Name: _____

Address: _____

City, State, Zip: _____

Student ID#: _____

Home Phone: _____ Work Phone: _____

Signature of person making the request: _____

Please return this form to:

Scott J. Jenkins
Vice President
Student & Administrative Services
Mott Community College
1401 East Court Street, CM 1117J
Flint, MI 48503-2089

NOTE: An invoice of fee charges will accompany your request when it has been completed.
Fee Charges:

- Official Transcript @ \$3/each
- Copies @ \$.10/page
- Clerical Cost @ \$12/hour (1/2 hour minimum charged)
- Mailing Cost (\$.41 up - depending on size of envelope and weight)
- Disk/CD Charge (3.5" @ \$1; CD @ \$1)