

ADMINISTRATIVE PROCEDURE

Southwestern Oregon Community College

AP 3300 PUBLIC RECORDS

Members of the public may request to inspect or copy public records. A request by a member of the public may be delivered by mail or in person to the President's Office.

Under Oregon law, Southwestern Oregon Community College must acknowledge receipt of a written request to inspect or receive copies of public records within 5 business days. Once acknowledged, the college will complete its response to the request as soon as practicable and without unreasonable delay. "Business day" is defined as "a day other than Saturday, Sunday or a legal holiday and on which at least one paid employee of the public body that received the public records request is scheduled to and does report to work." Further, "business day" does not include any day on which the President's office of the college is closed.

Any request shall identify with reasonable specificity the records that are sought. If additional information is needed, the college may request it be provided in writing.

Any request to inspect records shall be made sufficiently in advance of the date of inspection to allow staff members time to assemble the records and identify any records that may be exempt from disclosure.

The requesting party shall be charged at the rate(s) established below, unless the records request qualifies for a fee reduction waiver under the Oregon Revised Statutes.

- a) If the public records request requires a nominal amount of staff time (less than 30-minutes), up to 10 copies can be made for \$25.
- b) If the public records request requires a nominal amount of staff time (30-minutes or more) and the number of copies exceeds 10 pages, then the requestor shall be charged for the actual cost of staff time, including fringe benefits, plus copying/delivering charges. Copying fees shall be paid at the current College rate of \$.10 (ten cents) per page.
- c) Personnel costs shall be computed on the basis of quarter hours, rounded up, for time expended by college staff in section b.
- d) Fees may be waived or reduced if the furnishing of the copies is determined by the College to be in the public's best interest as set forth in the Oregon Revised Statutes.

Records that are exempt from disclosure may not be inspected or copied by members of the public. Social security numbers must be redacted from records before they are disclosed to the public.

References:

ORS 192.311 to 192.478

Approved: June 3, 2020

SOUTHWESTERN OREGON COMMUNITY COLLEGE
1988 Newmark Avenue • Coos Bay, OR 97420
(541) 888-2525 • www.socc.edu

PUBLIC RECORD(S) REQUEST

Parties requesting public records are encouraged to complete the Public Record(s) Request form and submit it, accompanied by a check in the amount of \$25, payable to SWOCC.

Name of Requesting Party (i.e., business name)

Date

MAILING ADDRESS OF REQUESTING PARTY:

Street

City

State

Zip

Telephone

E-Mail Address

Preferred method of obtaining public records _____
(please make your preference known by
initialing the corresponding line)

_____ Requesting party will pick up

_____ Email to Requesting Party

_____ College will deliver via U.S. Postal Service

Please state your request as precisely and narrowly as possible. The more specifically you can describe the documents sought, the more quickly the College should be able to fulfill your request.

What public record(s) are you requesting? (Please specify.)

I certify that the statements contained in this form are true and correct to the best of my knowledge and belief, that I have read and understood the Southwestern Oregon Community College guidelines for Public Records Requests, and that I have attached the required \$25 deposit with this formal request. (Where fees are waived or request is denied, the College will promptly return deposit payment.)

Print Name of Individual Requesting Records

Signature of Individual Requesting Records

Date

FOR OFFICE USE ONLY

Staff receiving request: _____
Printed Name/Department

Date received: _____

Staff fulfilling request: _____
Printed Name/Department

Date fulfilled: _____