

**INFORMATION TO BE PROVIDED BY REQUESTOR**

The information requested in this portion must be provided by any person requesting access to a government record held or controlled by The College of New Jersey. The Custodian of Records will not consider a request unless and until all required information is provided.

**INFORMATION TO BE PROVIDED BY REQUESTOR  
(Please print)**

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Company/Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Telephone Number: Area Code \_\_\_\_\_ Number \_\_\_\_\_ Extension \_\_\_\_\_

Preferred Delivery:  Pick Up  U.S. Mail  On-Site Inspection

Under penalty of N.J.S.A. 2C:28-3, I certify that I (choose one)  have  have not been convicted of any indictable offense under the laws of New Jersey or any other state of the United States.

Description of government record sought (attach an additional sheet if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of requestor

Date