



CALUMET

REQUEST FOR PUBLIC RECORD

1. Requesting person: _____

Company: _____

Address: _____
Number and Street City State Zip

Telephone: _____
Area Code and Number

Email: _____

2. Public record requested (please identify in detail):

3. Date and time of request: _____

Requesting Person Signature

PURDUE UNIVERSITY ACTION ON ABOVE REQUEST

_____ 1. Granted in full (records(s) enclosed)

_____ 2. Denied in full/reason for denial: _____

_____ 3. Granted in part; denied in part/reason: _____

Public Records Administrator, Purdue University

Return form to:

J. K. Johnston, Vice Chancellor – Administrative Services
2200-169th Street, LAWSHE 336, Hammond, IN 46323
Fax: 219-989-2251 email: kzamorsk@purdue.edu