Mississippi Community College Board

Request for Public Records

Person Requesting:_____

Representing:_____

Street/Mailing Address:_____

City, State, Zip:_____

Email Address:_____

Telephone:_____ Date of Request:_____

Material Requested (Please be as clear and concise as possible):

_____

_____

_____

Review Requested: _____Personally Inspect _____Copy of Material

Further Instructions:_____

_____

Please submit this request to one of the following:

By U.S. Mail:
Executive Director
Mississippi Community College Board
3825 Ridgewood Road
Jackson, MS 39211

By facsimile:
601-432-6480

By email:
info@mccb.edu

Note: Actual costs of gathering and requested materials will be the responsibility of the requesting agent.