

Southern Methodist University Police Department

Public Information Request Form

Requestors Name (Last, first, middle initial)		Identification (Opti	onal) DL, SMU ID
Street address, City, ST, ZIP Code		 , -	
Primary phone number Other phone number		Email address	
Note: The Public Information Act is very lendoes not require nor does time permit this request.			
In disseminating information, SMU must als sensitive and confidential information.	so comply with current law	s that regulate the rel	ease of potentially
✓ If the information cannot be produ you in writing of the reasonable da ✓ If SMU requests a ruling from the O to withhold, your request will be re must issue a decision no later than the request for a decision. Please describe the records you are request accident, etc.), names with dates of birth, requested.	ate and time when it will be office of the Attorney Geneferred within 10 business the 45 th business day from sting. If possible, please in	ne available. It is a contract to the contract	formation SMU wishes the Attorney General torney general receive
Report Number:	Date of Occurrence:		
Signature			Date
For Administrative Use Only:			Dutt
Records Officer Signature			Date Received
Date forwarded to: SMU Attorney	A.G	Released/denied:	

Open Records request must be made in writing. They may be submitted by:

Fax: 214-768-4126 Email: publicinformation@smu.edu

Mail or hand-carried: 3128 Dyer Street, Suite 212, Dallas TX 75205