## **Public Records**

## **Make a Request**

By completing and submitting this form, you are making a public records request to the University of Rhode Island pursuant to the Rhode Island Access to Public Records Act, R.I.G.L. §§ 38-2-1 to -16 ("APRA").

Employer or Affiliation  Address  Street Address  Address Line 2  City State / I	
Email (Required)  Phone  Your email address will be used to contact you regarding your request.  Employer or Affiliation  Address  Street Address  Address Line 2  City  State / I	
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Employer or Affiliation  Address  Street Address  Address Line 2  City State / I	
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Address Street Address Address Line 2 City State / I	
Street Address  Address Line 2  City  State / I  ZIP / Postal Code  Country	
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City State / I ZIP / Postal Code Country	
ZIP / Postal Code Country	
	Province / Region
Request Start Date Reques	
	If the date range for the requested information. This cannot than the date on which the request is submitted.
Poquest Tonic (Poquired)	
Request Topic (Required)  • Athletics • Finance • R	esearch/Sponsored Projects • Don't Know/Other
Enrollment/Academic Affairs     Human Resources/Employment     P	
Tacinites/construction Wedia/communications	Tar once Department

Alumni Center
73 Upper College Road
Kingston, RI 02881

For assistance, or to submit a public records request by phone, please call 401-874-2116.