



STATE OF TENNESSEE
DEPARTMENT OF CORRECTION
6TH FLOOR RACHEL JACKSON BUILDING
320 SIXTH AVENUE NORTH
NASHVILLE, TENNESSEE 37243-0465

INSPECTION / DUPLICATION OF RECORDS REQUEST

Requestor Instructions: To make a request for copies of public records fill in sections 1-4. Do not sign and date the signature line until the records are received.

Custodian Instructions: For requests to inspect, the **records custodian** is to fill in sections 1-5 and 8. For requests for copies, the records custodian is to fill in sections 5-8. Do not sign and date the signature line until the records are delivered to the requestor.

Note: Section I of Public Chapter 1179, Acts of 2008, amends Tenn. Code Ann. 10-7-503(a) adding (7)(a) to provide that unless the law specifically requires such, a request to inspect is not required to be in writing nor can a fee be assessed for inspection of records.

1. Name of requestor: _____
(Print or Type; Initials required for copy requests)

2. Form of identification provided:

Photo ID issued by governmental entity including requestor's address

Other: _____

3. Requestor's address and contact information: _____

4. Record(s) requested to be inspected/copied:

a. Previously inspected on _____ (date); Inspection waived

b. Type of record: Minutes Annual Report Annual Financial Statements Budget
 Employee File Other

c. Detailed Description of the record(s) including relevant date(s) and subject matter: _____

5. Request submitted to: _____
(Name of TDOC Central Office, Academy, Institutional Division, or Community Supervision)

a. Employee receiving request: _____
(Print or Type and Initial)

b. Date and time request was received: _____

c. Response: Same day Other _____

