



***Manhattan Area Technical College  
Request for Record  
Kansas Open Records Act (KORA)***

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

**Phone Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

Please provide a description of the record(s) and quantity you desire. Include record titles and dates.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Office use only:***

Date Received \_\_\_\_\_ Date Delivered \_\_\_\_\_

Time Received \_\_\_\_\_ Time Delivered \_\_\_\_\_

Received by \_\_\_\_\_