APPENDIX B

Procedure to Submit a CORA Request

Step 1 – Select Location of Records Requested and Corresponding Records Custodian:

☐ University of Colorado System and CU Board of Regents
   - Office of the Board of Regents
   - Email: CORACUSystem@cu.edu
   - Phone: 303-860-5600
   - FAX: 303-860-5640
   - Address: 1800 Grant St, Suite 800, Denver, CO 80203

☐ University of Colorado Boulder
   - Office of the Chancellor
   - Email: CORACUBoulder@colorado.edu
   - Phone: 303-492-8908
   - Fax: 303-492-8866
   - Address: 914 Broadway, Boulder, CO 80309

☐ University of Colorado Colorado Springs
   - Office of University Counsel
   - Email: CORAUCCS@uccs.edu
   - Phone: (719) 255-3820
   - Fax: (719) 255-3511
   - Address: 1420 Austin Bluffs Parkway, P.O. Box 7150, Colorado Springs, CO 80933

☐ University of Colorado Denver | Anschutz Medical Campus
   - Office of the Chancellor
   - Email: CORAUCD@ucdenver.edu
   - Phone: 303-315-7682
   - Fax: 303-315-2877
   - Address: Campus Box 168, P.O. Box 173364, Address: 1380 Lawrence St., Suite 1400
   - Denver, CO 80217-3364

Step 2 – Complete the following form:

Public Records Request Form
University of Colorado

The following request is made under the Colorado Open Records Act:

Date: ____________________________
   a.m. _______ p.m. _______

Name: ____________________________________________
Company Represented: ____________________________________________
Address: _______________________________________________________
Phone/Fax: _____________________________________________________
Email: _________________________________________________________

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<tr>
<th>Documents Requested (Please be Specific)</th>
<th>Relevant Time Period or Date of Issuance</th>
<th>Comments</th>
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*If the document name is unknown, provide brief, but specific description of document or information requested (note date of issuance and location of document, if known).

Signature ____________________________ Date ____________________________

For Official Use Only
Time spent by staff in assembling the records request. ____________________________
Estimated cost of assembly. $ ____________________________
Records requests received by: ____________________________ Date: ____________________________

Step 3 – Submit completed form to records custodian selected in Step 1.