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: 303-315-4446
  Mailing Address: Campus Box 168, P.O. Box 173364, 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: _________________________________________________________________

Documents Requested (Please be Specific) | Relevant Time Period or Date of Issuance | Comments
----------------------------------------|------------------------------------------|----------------
                                                                                       |                           |
                                                                                       |                           |
                                                                                       |                           |
                                                                                       |                           |

*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.