



NAVAJO NATION VETERANS ADMINISTRATION

P.O. Box 430 Window Rock, AZ 86515 (505)371-8467/8461



RECORDS REQUEST FORM

Date of Request: _____

Name of Requesting Party: (government employee or official on behalf of a government entity; business entity or other organization.)

Mailing address:

Daytime telephone number: _____

Description of Records Requested: (describe with reasonable specificity, so requested record can be identified)

If a protected record is provided to you as a Chapter Veteran Organization Officer pursuant to this Request for Information, the record and the confidential information contained in it may not be copied, released, distributed, or otherwise disclosed to anyone. Unauthorized disclosure may result in civil or criminal penalties under 2 N.N.C. §§ 91 and 92. By signing this request, you certify that you are requesting and receiving this information for a legitimate government purpose, pursuant to § 86 (E) of the Navajo Nation Privacy Act; acknowledge receipt of this Privacy Act Notice; and are aware of your obligation not to copy, release, distribute, or otherwise disclose the information.

(Signature)

(Print name of person making records request)

(Title of person making records request, and name of organization)

Per 2 N.N.C. § 81 *et seq.*, every person can inspect a public record free of charge, and can take a copy of a public record during normal working hours, subject to the assessment of reasonable costs for photocopying and activities associated with providing the requested record.



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FOR NNVA USE ONLY

Date Record Request is received:

Name of employee responding to the request:

Action taken by responding employee (check one):

Approve Request and provide information (attach copy of response and information provided)

Date: _____

Deny Request, with Response to Requesting Party (attach copy of response, including reason for denial)

Date: _____

Notify Requesting Party that NNVA does not maintain the requested record (attach copy of response, which should include the name and address of the governmental entity that does maintain the requested record, if known)

Date: _____