### Date of Submission:

**Contact Information**

<table>
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<tr>
<th>Name:</th>
<th>Company/Organization:</th>
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<tbody>
<tr>
<td>Mailing Address:</td>
<td></td>
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<tr>
<td>Phone Number:</td>
<td>Email:</td>
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### Request Information

- [ ] Document Copies
- [ ] Electronic Copies
- [ ] In Person Review

Program Area (if known):  
Staff Contact (if known):

Description of Documents Requested:

### Family Privacy Protection Act Statement

The Family Privacy Protection Act, SC Code Section 30-2-50, prohibits any person or private entity from knowingly obtaining or using any personal information obtained from our agency for commercial solicitation directed to any person in the State. Violation of this law is a crime. I have read and understand this statement. I am not requesting personal information for the purpose of commercial solicitation or in violation of law.

**Signature:**  
**Date:**

### Submit Request

**Email:** info@cfma.sc.gov  
**Fax:** (803) 333-9627

**Mail:** South Carolina Commission for Minority Affairs  
2221 Devine Street Suite 408 Columbia, South Carolina 29205

### For Office Use Only

<table>
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<th>Redactions:</th>
<th>Page Count:</th>
<th>Research Time:</th>
<th>Cost:</th>
</tr>
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</table>

Description:

Delivery Options:
- [ ] Email
- [ ] Mail
- [ ] Pickup
- [ ] Other

### Total Charge
Instructions for Completing the Freedom of Information Act (FOIA) Request Form

**Purpose:** This form is used to obtain records under the South Carolina Freedom of Information Act

**Who** completes the form? Any person seeking review or copies of public records.

**Instructions:**

1. Fill out the top portion of the form by providing complete contact information. We may contact you to obtain additional information necessary to fulfill your request. Please provide a telephone number and email address where you can be reached between 8:30am to 5:00 pm EST, Monday through Friday.
2. Provide as much information about the desired documents as possible.
3. Read and sign the Family Privacy Protection Act Statement.
4. Submit the completed form by email, fax or mail.

**Fee Schedule:**

1. Search Fee ................................................................. Employee’s hourly rate plus benefits
2. Redaction Fee ............................................................ Employee’s hourly rate plus benefits
3. Copies
   - Black and White ............................................................... Commercial Rate
   - Color .................................................................................. Commercial Rate