



MINISTRY OF EDUCATION, STATE DEPARTMENT OF VOCATIONAL AND TECHNICAL TRAINING

KASARANI TECHNICAL AND VOCATIONAL COLLEGE

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Name of the receiving officer			
Designation of the receiving officer			
Date of receipt of application			
	DD	MM	YYY
Is the information requested available?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Cost of making copies, if Needed (to be filled within 21 days)	No pages and cost (Cost per page not to exceed market price)2 Total amount.....		
Contact details (for tracking response to application)	Email..... Mobile.....		
Result of the request	Information Disclosed Date.....		
Result of the request	Information disclosed Date..... Format..... Information denied Reasons: • •		
Signature..... Date..... (Information Access Officer/ Receiving Officer)			

Date of request			
DD	MM	YYY	
Name of the applicant(s)			
(If institution, name of citizen in charge)			
Applicant(s)' national ID card number			
Applicant(s)'	Email:		Phone
Name of the public or private entity (PE) (from whom information is being requested)			
Chief Executive Officer/ designate/the head of entity/ information access officer (if known)			
Description of the required information: Identify the documents as specifically as possible:			
Relevant Period of Information (dd/mm/yyyy)	From	To	
Preferred from of access (tick appropriately)	i. Inspection	<input type="checkbox"/>	iv. Entity's website
	ii. Hard copies	<input type="checkbox"/>	v. Other
	iii. Soft copies	<input type="checkbox"/>	<input type="checkbox"/>
(Attach further details in the attached separate sheet provided, if necessary)			
Is the information needed relating to a matter of life or liberty?			
Yes <input type="checkbox"/> No <input type="checkbox"/>			
If YES, the expected date of response is 2 Days			
If information is needed before the legal deadline of 21 days, state the expected date of response			
DD.....	MM.....	YYY	
Sate briefly why response is urgent.....			
Signature (applicant).....			
Date.....			