



Access to Public Records

Indiana Code 5-14-3 governs access to public records. The official policy of the state is that all persons are entitled to full and complete information regarding the affairs of government and the official acts of those who represent them as public officials and employees, subject to certain limitations.

In accordance with this policy, the records of the Jackson County Public Library are open to the public for inspection with the exception of the classes of materials specified by law as confidential. For a listing of the types of materials available to be examined see IC 5-14-3-3. Any person may inspect and copy the public records of the library during the regular business hours of the library office. Requests for materials on weekends or at night will be deferred until the following business day. Requests for information must be submitted on a Public Records Request form. The requester must pay any cost incurred in copying materials at the time the request is made.

Material declared confidential by state or federal statute as outlined in IC 5-14-3-4 is exempt from disclosure and will not be made available for public inspection. In addition, the following public records are exempt from disclosure:

1. Personnel files of the library employees and files of applicants for employment, except for:
 - A. The individual's name, compensation, education, description, job title, training background, previous work experience, dates of first and last employment of present or former officers or employees of the library.
 - B. Information relating to the status of any formal charges against an employee.
 - C. Information regarding disciplinary actions in which final action has been taken and which resulted in the disciplining or discharging of an employee.

All personnel information is available to the affected employee or their appointed representative.

General personnel information on all employees or groups of unnamed employees may be disclosed.

2. Any administrative or technical information which could jeopardize a record-keeping or security system.
3. Computer programs, codes, filing systems, and other software owned by the library or entrusted to it.

Seymour Library
303 W. 2nd St.
Seymour, IN 47274

Tel: (812) 522-3412
Fax: (812) 522-5456

Crothersville Library
120 E. Main St.
Crothersville, IN 47229

Tel: (812) 793-2927
Fax: (812) 793-3721

Medora Library
27 W. Main St.
P.O. Box 400
Medora, IN 47260
Tel: (812) 966-2278
Fax: (812) 966-2229

Outreach Services
Serving Jackson County
Tel: (812) 405-1831

myjclibrary.org

4. Records prepared specifically for discussion, or created during discussion at any legally called executive session.
5. The identity of a donor of a gift made to the library if the donor requires anonymity as a condition of making the gift.
6. Any library records that can be used to identify any library customer.
 - A. The library specifically recognizes that its circulation records and other records linking the names of library users with specific materials are confidential in nature. No such records shall be made available to any agency of state, federal, or local government, or to any individual not specifically authorized by the director or administrator, except pursuant to such process, order, or subpoena as may be authorized under the authority of, and pursuant to, federal, state, or local law relating to civil, criminal, or administrative discovery procedures or legislative investigatory power.
7. Personal information of library trustees, except for name, appointing body, and dates of appointment.

Adopted January 18, 2000; Revised August 18, 2025

PUBLIC RECORDS REQUEST FORM

By completing this form, you are helping us to administer Indiana's Access to Public Records Act (IC 5-14-3)

Name: _____

Daytime Telephone: _____

Address: _____
(street) (city) (state/zip)

Email Address: _____ Date and time of request: _____

Please identify with reasonable particularity the record(s) to be requested.

Please check one (1) below:

This is a request

_____ to allow me to inspect the record(s).

_____ to provide me with a copy of the record in the following format.

___ Photocopy, letter and legal size - \$.10 per page

___ Photocopy, ledger size - \$.20 per page

___ Photocopy, color - \$.25 per page

___ Email transmission – no charge

Fees are payable upon request. Email transmission are only available if the record(s) is in electronic format suitable for duplication on such medium.

_____ **Do not write below this line. For office use only.** _____

Date and time request received: _____

How request was received: ___ In-Person ___ Mail ___ Fax ___ Phone ___ Email

Name of person receiving request: _____

Response to request: _____

Name and title of person making response: _____

Date and time of response: _____

Revised August 2025