



**ILLINOIS FREEDOM OF INFORMATION ACT
RECORD REQUEST FORM**

NAME OF REQUESTING PARTY:

(Last) (First) (Middle)

ADDRESS:

(No. & Street) (City) (State) (Zip Code)

TELEPHONE NUMBER:

Home: () _____ Work: () _____

DATE AND TIME OF REQUEST:

_____, 20____ a.m./p.m.
(Month & Day) (Year) (Time)

SPECIFIC RECORD OR RECORDS REQUESTED:

PLEASE CHECK ONE OR MORE OF THE FOLLOWING:

- I wish only to inspect such records at the School District Administrative Office.
- I wish to obtain a copy of such records and agree to reimburse the District for the cost of preparing those copies.
- I wish to have the copies certified as to their authenticity and agree to reimburse the District for the cost of such certification.

Signature of Requesting Party

Signature of District Employee
Receiving Request