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