



**REQUEST FOR EXAMINATION AND/OR COPIES OF PUBLIC RECORDS
PURSUANT TO THE FREEDOM OF INFORMATION ACT**

On the _____ day of _____, 20____, at the hour of _____ (a.m./p.m.), the following request was made for access to the public record(s) listed below for the purpose of review and/or duplication:

Records to be inspected: _____

Records to be copied: _____

Name of requesting party (please print): _____

Signature of requesting party: _____

Address: _____

Phone: _____ Email: _____

I understand that, as permitted by the Act 5 ILCS 140/6, the first 50 black and white copies are free; any additional pages cost 15 cents per page. Color copies or paper sizes other than letter or legal will be provided at the actual cost of copying. If mailed, postage costs will be included in the total fee.

Disposition of Request

Record(s) made available and requesting party notified. Date: _____ Time: _____

Record(s) were provided for review. Date: _____ Time: _____

Record(s) copied at the cost of: _____ Record(s) mailed at a cost of: _____

Record(s) were: Picked up Mailed Sent via Email Date: _____

Request delayed—attach reason(s) Request denied—attach reason(s)

Signature of Employee: _____

Title of Employee: _____

Report to Board of Education on: _____