

Dr. Jean H. Sophie, Superintendent

Lynn M. Novak, Director of Curriculum

## Request for Records under the Illinois Freedom of Information Act (FOIA)

### Form to be submitted to a District 92½ FOIA Officer

Date Requested \_\_\_\_\_

Name of Requester (please print) \_\_\_\_\_

Name of Company (if applicable) \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Email (optional) \_\_\_\_\_

Fax (optional) \_\_\_\_\_

I hereby request permission to inspect or receive copies of the following public records:  
 (Please describe the documents/records requested, being as specific as possible.)

Record Description	Check if you are requesting:		
	Inspection	Copy	Electronic Copy

Is the request for a commercial purpose?                      Yes                      No

Are you requesting a fee waiver?                                      Yes                      No

*You must attach a statement of the purpose of the request if requesting a fee waiver.*

### For Office Use Only

Date Request Received	By (District 92½ FOIA Officer)
Delivery Mode (Personal Delivery, U.S. Mail, Fax, Email)	Deadline for Response
Date Response Issued	By (District 92½ FOIA Officer)