

<u>Office Use Only.</u> Request received by: _____, <div style="display: flex; justify-content: space-around; width: 100%;"> <span>(unit)</span> <span>(person accepting)</span> </div> Request received: _____, <div style="display: flex; justify-content: space-around; width: 100%;"> <span>(date)</span> <span>(time)</span> </div>
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SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE  
RECORD REQUEST FORM: ILLINOIS FREEDOM OF INFORMATION ACT

I submit this request for records from Southern Illinois University Edwardsville under the provisions of the Illinois Freedom of Information Act.

Requestor Information. Name: \_\_\_\_\_

Current mailing address: \_\_\_\_\_

Daytime telephone: \_\_\_\_\_ Email address: \_\_\_\_\_

Description of Records Requested. (Please provide as complete a description of the records requested as possible, for example, title or subject of document/record, date of issue, person or office issuing the document/record, person or office receiving the document/record, and so forth).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type of Request (check as appropriate). This request is to: \_\_\_ inspect the record(s), \_\_\_ obtain a copy of the record(s), or, \_\_\_ obtain a certified copy of the record(s).

\_\_\_\_\_  
(Signature of Requestor) (Date)

RECORD REQUESTORS PLEASE NOTE: This form may be reproduced if additional copies are needed.