

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

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: _____

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.