SOUTHERN ILLINOIS UNIVERSITY **EDWARDSVILLE**

REQUEST FOR PUBLIC RECORDS Under the Illinois Freedom of Information Act (FOIA)

Requester Information		
Name:	Pho	one:
Company/Agency:		
Address (Street & Number):		ail:
City State Zip:		
Type of Request		
Is this request for commercial purpose?		
If yes, does your business/financial institution issue credit and/or debit cards? $\Box Y$ $\Box N$		
☐ Inspect record(s) Inspection of records shall occur either at the location where the records are kept or in the designated FOIA office.	□Obtain copy of record(s) Copying charges for records are \$0.15 per black/white pages after the first 50 pages; charges for duplicating other media, such as videotape, microfilm or computer records will be determined.	□Obtain certified copy of record(s) The cost for certification is \$1.00 per page.
Copies of records will be provided only after payment of the appropriate copying charges, if any, has been received. Payment must be by cash (exact change required), check or money order made payable to Southern Illinois University Edwardsville (payments by mail must be by check or money order only).		
Description of Records Requested		
Please be as specific as possible to ensure dates, titles, file designations or other app		
Signature		
Requester: Date:		
Return completed FOIA Request Form to: FOIA Officer, Vice Chancellor for Finance and Administration, Campus Box 1158, Edwardville, IL 62026; email to foia-request@siue.edu; or fax (618) 650-2448. If you have questions, please call (618) 650-2536.		
The FOIA Officer will respond within five (5) business days [(21) business days for commercial] from receipt by providing the requested records, denying the request in whole or part, or informing the requester of the need for an extension of an additional five (5) business days.		
UNDER PROVISIONS OF THE FREEDOM OF INFORMATION ACT, SOME UNIVERSITY RECORDS MAY BE EXEMPT FROM INSPECTION OR COPYING.		
FOR OFFICE USE ONLY:		
	D- 11	~
Rec'd Date:	☐ Denied Reason:	Copies made: Y N Pages:
Time:am / pm By:	- Consoli	Fee Paid: \$
Due Date:		
Extended 5 days to:		□Cash □Check# □Media Exemption

Records Provided By: DEmail DMail