Jacksonville School District #117 516 Jordan Street Jacksonville, IL 62650 217-243-9411

Policy 2:250-E1

FOIA - Written Request for District Records

All requests to inspect and/or to obtain a copy of District records must be made in writing. Please submit the following completed request to the Superintendent.

| Dear S | Superintendent, | | | | | | | |
|---|---|------------------|--------------|-----------------|------------------------------|--------------|-----------------|--|
| I/We are hereby requesting that I/We: | | | | | | | | |
| Inspect the following records in the District's Administrative office | | | | | | | | |
| X | Receive copies of the | following record | ls (Please i | ndicate m | nail, fax or | personal p | oickup) | |
| | Richard Co. | dy | | | | , | | |
| Name of Individual(s) Requesting District Records | | | | | Organization | | | |
| Address 1 | | | | | 245-5576 Telephone Number | | | |
| Jacksonville IL 62650 | | | | relep | 8-19-14 | | | |
| City | | State | Zip | | of Request | / | | |
| 1 | Mahn | | _ | | | | | |
| Signat | ure(s) of Requester(s) | | | | | | | |
| | 8/19/1914 | | | | | | | |
| Date | - // // | | | | | | | |
| | | | | | | | | |
| Staff Instructions: | | | | | | | | |
| 1. | 1. If this request was received in another form, attach the document to this completed form. | | | | | | | |
| 2. | 2. Calculate copy fee. Records must be approved for release and any copy fees paid in advance of duplication. | | | | | | | |
| 3. | Submit to Superintendent | | | | | | | |
| Record Description (Please be specific) | | | - 1 | Copy quested | Copy Fee * | To be mailed | To be picked up | |
| 1. | | | | | | | | |
| | ··- | | | | | | | |

Total Fee:

2.