FREEDOM OF INFORMATION REQUEST
STATE OF ILLINOIS

Name of Agency: State Board of Education
City: Springfield
Address: 100 N. First St., 16218
Requester's Name (Or business name if applicable): Samuel Smith
Date of Request: 6/8/14
Phone Number: 

CERTIFICATION REQUESTED [ ] YES [ ] NO
Requestor's Signature: 

DESCRIPTION OF RECORDS REQUESTED:
I would like to get my whole school history, all schools attended, report cards, mental health history, all disciplinary records, etc...

REQUESTING COPIES [ ] TO INSPECT RECORDS

AGENCY RESPONSE (REQUESTOR DOES NOT FILL IN BELOW THIS LINE)

[ ] The documents requested are enclosed.

[ ] The documents will be made available upon payment of copying costs $ ____________

[ ] You may inspect the records at ________________________________ on the date of ________________________________.

[ ] The request creates an undue burden on the public body in accordance with Section 3(f) of the Freedom of Information Act, and we are unable to negotiate a more reasonable request.

[ ] The materials requested are exempt under Section 7 _________ of the Freedom of Information Act for the following reasons:

INDIVIDUAL(S) THAT DETERMINED REQUEST TO BE DENIED

RIGHT TO APPEAL
If desired, submit the attached APPEAL form (No. 2) along with copies of this original REQUEST and DENIAL and reasons for appeal to:

[ ] Request delayed, for the following reasons (in accordance with 3(d) of the FOIA):

You will be notified by the date of ______________________________ as to action taken on your request.

The information required by this form is MANDATORY in order to comply with P.A. 85-1013. Failure to so provide may result in this form not being processed. This form is approved by the Forms Management Center.

FOIA Officer: __________________________ Date of Reply: __________________________

IL 001-0006 (6/64)
LEGEND FOR REQUESTOR: 1st copy (white) - send to Agency; 2nd copy (canary) - send to Agency; 3rd copy (pink) - Requestor's copy