

Sangamon County Regional Office of Education
FREEDOM OF INFORMATION
Request for Examination or Copy of Records

- PLEASE PRINT LEGIBLY -

REQUESTORS INFORMATION: Date of your request: _____

Name: _____

Telephone #: _____ Address: _____

City, State and Zip Code: _____

I am requesting the following record(s) for inspection / copying:

*There is a \$.15 charge per page for all pages over 50
and \$.15 per page for color copies, when available. (Price may vary)

THE BELOW ITEMS WILL BE COMPLETED BY REGIONAL OFFICE PERSONNEL:

1. Date request received at Regional Office: _____
2. Name of person who received the request at the Regional Office: _____
3. Date response is due: _____

Response to Information Request

Date of compliance with request: _____ By: _____

Date of time extension agreement: _____ By: _____

Should your request be denied in full or in part, you will be notified by separate letter. If so, the below information will be applicable.

REQUEST FOR REVIEW: If your request for records has been denied, in-whole or in-part, you have the right to appeal this decision to:

Illinois Attorney General's Office
Public Access Review
500 S. 2nd Street
Springfield, Illinois 62706
217/558-0486
publicaccess@atg.state.il.us

You may also appeal your denial through the Sangamon County Circuit Court.
