

**REQUEST TO INSPECT AND/OR COPY RECORDS**

Date: \_\_\_\_\_

To: [foia@clcollinois.edu](mailto:foia@clcollinois.edu)

Freedom of Information Act Officer

Office of the President

19351 W. Washington Street

Grayslake, IL 60030

I hereby request to inspect \_\_\_\_\_ copy\* the following records:  
(Please describe requested records as specifically as possible, attaching additional pages if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* There is no copying fee for the first 50 black and white standard-sized copies. The fee for additional copies is 15¢ per page. Actual cost will be charged for copies of documents not of standard size, and for the recording medium (e.g., compact disk, tape, DVD), when applicable.

Is this request for a commercial purpose? Yes No

Are you requesting a waiver or reduction of copying fees? Yes No

If yes, what is the purpose of this request? \_\_\_\_\_  
\_\_\_\_\_

Requester's (Printed) Name

Requester's Signature

[Address 1] \_\_\_\_\_

[Address 2] \_\_\_\_\_

[Phone] \_\_\_\_\_

[Email] \_\_\_\_\_

DO NOT WRITE IN THIS SPACE

\_\_\_\_\_  
DATE RECEIVED BY COLLEGE