Due 9/33/14

FREEDOM OF INFORMATION ACT (FOIA) REQUEST FOR EASTERN ILLINOIS UNIVERSITY RECORDS

То:	o: Robert L. Miller FOIA Officer/ General Counsel Eastern Illinois University 600 Lincoln Avenue Charleston, IL 61920 Telephone:217-581-7249 Facsimile:217-581-7989 Please type or print clearly.	Date: August 25, 20)14	
		From: Kevin Cohen Printed Name of	f Requester RECEI	FCEIVED
		Mailing address:		25 2014 Ral Counsel
		60302 Telephone number: 720/320-9054		
Dago	If you are an EIU employee, please indicate below the name and address of your department ONLY if you want the record(s) to be sent there. Department: Address:			
	ription of requested record(s):			
FORM MUST BE SIGNED.		Signature of Requ	ester	·
	Records will be provided and fees cl Information Act. Pursuant to Sectio from the FOIA Officer will be provi notified if additional time is required	n 6000.250, 2 lll. Admin. Cod ded within seven working days	e, a response s. You will be	