

Use the tab key to navigate form and complete or print clearly.

Response Due Date: _____
(for office use only)

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

To: Austin Hill
FOIA Officer / General Counsel
Eastern Illinois University
Blair Hall, Room 2102
600 Lincoln Ave.
Charleston, IL 61920
Phone: 217-581-7249

Date: _____

From: _____
Printed Name of Requester

Signature of Requester

Mailing Address: _____

Telephone: _____

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: _____

Building: _____ Room: _____

Description of requested record(s):

Records will be provided and fees charged according to the Illinois Freedom of Information Act. Pursuant to 5 ILCS 140/6, a response from the FOIA Officer will be provided within five (5) business days. If this is a request for commercial purposes, the response is 21 working days after receipt pursuant to 5 ILCS 140/3.1(a). You will be notified if additional time is required to process your request.

CLEAR FORM