

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

Date: _____

To: Robert L. Miller
FOIA Officer/ General Counsel
Eastern Illinois University

From: _____
Printed Name of Requester

Telephone: 217-581-7249
Telephone:217-581-7249
Facsimile:217-581-7989

Mailing address:

**Please type
or
print clearly.**

Telephone number:

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: _____

Description of requested record(s):

FORM MUST BE SIGNED.

Signature of Requester

Records will be provided and fees charged according to the Illinois Freedom of Information Act. Pursuant to 5 ILCS 140/3(d), a response from the FOIA Officer will be provided within five business days. You will be notified if additional time is required to process your request.