

Response Due Date: _____
(for office use only)

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

Date: _____

To: Robert L. Miller
FOIA Officer/General Counsel
Eastern Illinois University
600 Lincoln Avenue
Charleston, IL 61920
Telephone: 217-581-7249
Facsimile: 217-581-7989

From: _____
Printed Name of Requester

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.