Freedom of Information Law Request (FOIL)

Please complete this form to request information under the Freedom of Information Law

CONTACT INFORMATION

Organization: _____________________________________________________________

________________________________________________________________________

Name: ________________________________________________________________

________________________________________________________________________

Position: ______________________________________________________________

________________________________________________________________________

Email Address: __________________________________________________________

________________________________________________________________________

Street Address: __________________________________________________________

________________________________________________________________________

City: __________________________ State: _________________________________

________________________________________________________________________

County: ______________________ Zip/Postal Code: __________________________

________________________________________________________________________

Telephone: ____________________ Fax: _________________________________

________________________________________________________________________

Please describe the records you are requesting in as much detail as possible, including dates and titles of documents, so that the Records Access Officer can accurately identify the records you are requesting.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Indicate how you would like this information delivered to you (e.g. by mail, Fax up to 4 pages or in person at the College.)

________________________________________________________________________

________________________________________________________________________