



DARE TO DO MORE

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.)

