

**School Board**

**Exhibit – Request for District Records Form**

**Request for District Records  
Pursuant to the Illinois Freedom of Information Act (“FOIA”)**

To: Chief Freedom of Information Act Officer  
Glen Ellyn School District 41  
793 North Main Street  
Glen Ellyn, IL 60137

Please provide the following information required to inspect and/or copy District records:

_____		_____	
Name (please print)		Signature	
_____		_____	
Address	Apt#	Telephone Number	
_____	_____	_____	
_____	_____	_____	
City	State	Zip Code	Date of Request

Please describe the records you are requesting for inspection:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please indicate the records you are requesting be copied and the number of copies:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reviewed: January 18, 2011  
Approved: January 18, 2011  
Revision Adopted: