



**Freedom of Information Act (FOIA) Request**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please describe requested records as specifically as possible, attaching additional page if necessary.

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There is no copying fee for the first 50 black and white standard-size copies. The fee for additional copies is 15 cents per page. Actual cost will be charged for copies or documents not of standard size.

Are you requesting records for a commercial purpose?                      Yes                      No

Are you requesting a waiver or reduction of copying fees?                      Yes                      No

If yes, what is the purpose of this request? \_\_\_\_\_

\_\_\_\_\_  
Requester's Signature

\_\_\_\_\_  
Date

You may submit a written FOIA request by the following methods:

1. Email to [foiarequest@kish.edu](mailto:foiarequest@kish.edu)

2. Mail or deliver in person to:                      Administration Office, C2160  
   Kishwaukee College  
   21193 Malta Road  
   Malta, IL 60150

For office use only.

Date Received by College: \_\_\_\_\_