

**FOIA - Written Request for District Records**

All requests to inspect and/or to obtain a copy of District records must be made in writing. Please submit the following completed request to the Superintendent.

Dear Superintendent,

I/We are hereby requesting that I/We:

RECEIVED SEP 15 2014

\_\_\_\_\_ Inspect the following records in the District's Administrative office

Receive copies of the following records (Please indicate mail, fax or personal pickup)

LILIANA COSTA  
 Name of Individual(s) Requesting District Records  
604 WOODLAND  
 Address  
JACKSONVILLE IL 62650  
 City State Zip

\_\_\_\_\_  
 Organization  
217-243-4624  
 Telephone Number  
 \_\_\_\_\_  
 Date of Request

Liliana Costa  
 Signature(s) of Requester(s)

9-15-14  
 Date

Staff Instructions:

1. If this request was received in another form, attach the document to this completed form.
2. Calculate copy fee. Records must be approved for release and any copy fees paid in advance of duplication.
3. Submit to Superintendent

| Record Description (Please be specific) | Copy Requested | Copy Fee * | To be mailed | To be picked up |
|---|----------------|------------|--------------|-----------------|
| 1. <u># of Latino students in 117</u>   |                |            |              |                 |
| 2.                                      |                |            |              |                 |
| 3.                                      |                |            |              |                 |
| Total Fee:                              |                |            |              |                 |