Jacksonville School District #117 516 Jordan Street Jacksonville, IL 62650 217-243-9411

Policy 2:250-E1

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:				
Inspect the following records in the District	's Administrati	ve office		
Receive copies of the following records (Pl	ease indicate m	ail, fax or	personal p	oickup)
Name of Individual(s) Requesting District Records 116 WEST LAFAYETTE Address RUSHVILLE IL 674 City State Signature(s) of Requester(s) 26 June 2017 Date	21 Telep 81 24	EA nization 7:32 hone Num of Request	iber	01
Staff Instructions:				
1. If this request was received in another form, atta	ach the docume	nt to this o	completed	form.
Calculate copy fee. Records must be approved of duplication.	for release and	any copy	fees paid	in advance
3. Submit to Superintendent				
Record Description (Please be specific)	Copy Requested	Copy Fee *	To be mailed	To be picked up
1. See attached document	4			
3.				

Total Fee:



26 June 2017

Under the Freedom of Information Act, I am requesting the following documents for the past five (5) years:

- 1. A copy of notification of insurance benefits for any JISPA employees who have resigned before the beginning of the next school year.
- 2. A dated resignation letter for any JISPA employees who have resigned before the beginning of the next school year.
- 3. All correspondence with the health insurance company, or representative, notifying them of the cancellation of premiums for any JISPA employees who have resigned before the beginning of the next school year.

Dee A. Emmons
UniServ Director, IEANEA
Rushville Office
Region 12 and Service Area J





