



Dr. Jennifer Ivory-Tatum
Superintendent of Schools
217-384-3636
Fax: 217-337-4973
www.usd116.org

Jean F. Burkholder Administrative Service Center
1101 East University Ave., Suite B, Urbana, IL 61802

REQUEST TO INSPECT AND/OR COPY RECORDS

Date: _____

To: Ms. Lori Johnson
Freedom of Information Officer
Jean F. Burkholder Administrative Service Center
1101 East University Ave., Suite B
Urbana, IL 61802
(217) 384-3636
ljohnson@usd116.org

I hereby request to *inspect* _____ *copy** _____ the following records:
(Please describe requested records as specifically as possible, attaching additional page if necessary.)

*There is no copying fee for the first 50 black and white standard-sized copies. The fee for additional copies is 15 cents per page. Actual cost will be charged for copies of documents not of standard size, and for the recording medium (e.g., compact disk, tape, DVD), when applicable.

Is this request 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? _____

DO NOT WRITE IN THIS SPACE

Date Received by District

Requester's Name (printed)

Requester's Signature

Address (including zip)

Phone Number

E-mail Address