

 **College of DuPage**
Freedom of Information Act (FOIA)
Request for Records

PLEASE PRINT

Request Date: _____ **Submitted via:** Email _____ U.S. Mail _____

Required: Is this request for a commercial purpose? Yes _____ No _____

Name of Requester: _____

**Organization /
Company Name:** _____

Street Address: _____

City/State/Zip: _____

Telephone: _____

Email: _____

Records Requested: *Please describe the information being requested as specifically as possible.
Indicate number of additional pages attached, if any.* _____

SUBMIT REQUEST

Please note: The College accepts FOIA requests for information during normal business hours (Monday through Friday, 8:30 a.m. to 5 p.m., excluding holidays). Requests submitted electronically after normal business hours are considered received by the College on the next business day.

U.S. Mail: FOIA Officer
Office of the General Counsel
College of DuPage
425 Fawell Blvd. SRC 3110
Glen Ellyn, IL 60137

Email: FOIA@cod.edu

FOR OFFICE USE ONLY

Received: Date: _____ **Time:** _____ a.m. / p.m. **Due Date:** _____

By: _____
(COD employee printed name and signature)