

REGIONAL SUPERINTENDENT OF SCHOOLS
1001 WEST 23RD STREET
STERLING, IL 61081
Phone 815/625-1495

FREEDOM OF INFORMATION ACT

Approval of Request for Public Records

FROM:

NAME (Print)

ADDRESS (Print)

CITY, STATE, ZIP (Print)

PHONE NUMBER

DESCRIPTION OF REQUESTED RECORD(S):

Your request dated _____ for the above captioned records has been approved.

___ The documents you requested do not exist in this office.

___ The documents you requested are enclosed.

___ The documents will be made available upon payment of copying costs in the amount of \$_____.

___ You may inspect the records at _____

_____ on _____
Date

Signature

Title

Date