

WPS request tracking no. \_\_\_\_\_

Official use only (date stamp) \_\_\_\_\_

**Waukegan Public Schools, Unit District 60  
ILLINOIS FREEDOM OF INFORMATION ACT (FOIA)  
REQUEST FORM**

Name of Requester \_\_\_\_\_  
*(Please print) Last First MI*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*Street/P.O. Box*  
\_\_\_\_\_  
*City State Zip Code*

Telephone Number: \_\_\_\_\_ FAX Number \_\_\_\_\_  
*Optional Optional*

Please identify each of the documents that are subject to this request. You must identify these documents with sufficient specificity so we may ascertain whether we have these documents and how to locate them.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check one of the following boxes:

- I am only requesting **access** to the documents identified above.
- I am only requesting a **copy** of the documents identified above.
- I am requesting **access** to the documents identified above **and** a **copy** of those documents.

I am willing to pay fees for this request up to a maximum of \$ \_\_\_\_\_. If the estimate of fees exceeds this limit, please inform me first.

**NOTICE**

**MAIL OR DELIVER THIS REQUEST FORM TO:** Dr. Donaldo R. Batiste, Superintendent  
1201 N. Sheridan Rd, Rm. 109, Waukegan, IL 60085

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OFFICIAL USE ONLY  
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_____ Date Received	_____ Unit Receiving	_____ Person Receiving
_____ Date Access Provided	_____ Date Data Mailed	_____ Date Picked Up