Moraine Valley Community College

Freedom of Information
Request to Inspect Records

To: Jessica Crotty
Assistant Director of Communications
Moraine Valley Community College
9000 W. College Pkwy.
Palos Hills, IL 60465

From: (Please Print)

Name_____

Address_____

City, State, Zip Code_____

Telephone_____

Email (Required) _____

I hereby request the opportunity to:
☐ inspect or ☐ copy the following record(s):

_____

_____

Is information for commercial use? ☐ yes ☐ no

Describe record(s) precisely _____

_____

_____

☐ I also request that a copy of the following record be certified: _____

_____

Describe record _____

_____

A charge for copying will be assessed at the rate of $.15 per page; however, no charge will be assessed when the total number of copies is fewer than 50 for black and white, letter or legal-sized copies.

_____ _____

Date request submitted Signature

20%
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