

REGIONAL SUPERINTENDENT OF SCHOOLS  
3430 AVENUE OF THE CITIES  
MOLINE, IL 61265  
Phone 309-736-1111

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 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