Jackson Preparatory & Early College



FREEDOM OF INFORMATION ACT (FOIA) REQUEST

Requester's Name:			
Requester's Address:			
City, State, Zip:			
Telephone Number:		Fax Number:	
I request that a copy of the following (or do (Please be specific.)	ocuments co	ntaining the foll	owing information) be provided to me.
I would like to receive this information via:	Mail	Fax	Pick up in person
In order to help determine my status to asse	ss fees, you	should know tha	t I am:
A representative of the news media as part of a news gathering and not for comm		th	and this request is made
Affiliated with an educational or no scholarly or scientific purpose and not for co			itution and this request is made for a
An individual seeking information for	r personal us	se and not for co	mmercial use.
Affiliated with a private corporation (Name of Company:		_	• •
Other (Please explain:)
I am willing to pay fees for this requires will exceed this limit, please inform me		naximum of	If you estimate that the
I request a waiver of all fees for this interest because it is significant to public und not primarily in my commercial interest.	•	•	ested information to me is in the public s or activities of the school district and is
Requester's Signature:		Date	e:

Jackson Preparatory & Early College



Business Office Use Only

Date Received in Business office	ce:	
Due Date:	Extension Request (Y/N):	New Due Date:
Request is approved.	Processed & Completed on:	_
Request is no approve	d. Reason:	
Business Office Representative	:	Date: