

# Hawthorn School District 73

841 West End Court • Vernon Hills, Illinois 60061

Phone 847-990-4200 • Fax 847-367-3290 • Email [FOIARequest@hawthorn73.org](mailto:FOIARequest@hawthorn73.org)

[www.hawthorn73.org](http://www.hawthorn73.org)

## Request to Inspect and/or Copy Records

This form is provided as a convenience for requestors, and is not required to submit a request to Hawthorn District 73.

As background, citizens have a right to access public records of their governmental bodies, including school districts. The Illinois Freedom of Information Act (5 ILCS 140/1) gives residents the right to file a written request for access to specific public records and requires public bodies to make public records available to anyone for inspection or copying. However, to allow governmental bodies to operate efficiently and to protect personal privacy, the Act excludes specific types of records from public release, with some general examples being medical records, student records, personnel files, test questions and answers, security plans, and the minutes of closed session meetings not yet approved by Board vote for release. This request applies to records and reports already created.

TO: Freedom of Information Officer  
Hawthorn District Office, 847 West End Court, Vernon Hills, IL 60061  
PH: 847-990-4200  
EMAIL: [FOIARequest@hawthorn73.org](mailto:FOIARequest@hawthorn73.org)

I hereby request to inspect ☐ copy\* ☐ the following records:

*(Please describe requested records as specifically as possible, attaching additional page if necessary.)*

---

---

---

\* There is no copying fee for the first 50 black and white standard-sized copies. The fee for additional copies is 15¢ per page. Actual cost will be charged for copies of documents not of standard size, and for the recording medium (e.g., compact disk, DVD), when applicable.

Is this request for a commercial purpose? Yes ☐ No ☐

Are you requesting a waiver or reduction of copying fees? Yes ☐ No ☐

If yes, what is the purpose of this request? \_\_\_\_\_

---

\_\_\_\_\_  
Date of Request

\_\_\_\_\_  
Street Address of Requestor

\_\_\_\_\_  
Printed Name of Requestor

\_\_\_\_\_  
City, State and ZIP

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Organization, if applicable

\_\_\_\_\_  
Email Address

Within five business days of receiving your request, you are entitled to a response from District 73, or a notice of the District's need for additional processing time (not to exceed an additional five business days). Once we have researched your request, we will contact you with a response or to let you know about any fees.

### FOR OFFICE USE ONLY:

FOIA Record # \_\_\_\_\_

Date Received: \_\_\_\_\_

NOTES:

Date Responded to: \_\_\_\_\_