Freedom of Information Act Request Form

Date: ________________________________________________________________

Name: __________________________________________________________________

Address: __________________________________________________________________

________________________________________________________________________

Phone Number: __________________________
E-mail Address: _________________________

Records Requested: Be specific and provide as much detail as possible to ensure that the Northern Michigan University ("NMU") is able to identify the information being requested.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

I would like the materials provided to me in the following way:

☐ Mailed to the above address
☐ Call above phone number and I will pick up the documents
☐ Electronically to the following email address: ________________________________

Please note that NMU has five (5) business days after the receipt of this request to process your request.

FOIA Coordinator – Northern Michigan University
1401 Presque Isle Avenue, Suite 502
Marquette, MI  49855

Email:  foia@nmu.edu