

# 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 NMU is able to identify the information being requested.*

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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 Northern Michigan University has five (5) business days after the receipt of this request to process your request.*

Submit your request to:

FOIA Coordinator  
Northern Michigan University  
1401 Presque Isle Avenue  
Cohodas, Suite 502  
Marquette, MI 49855  
Email: [foia@nmu.edu](mailto:foia@nmu.edu)