

# Northwest Special Education Cooperative

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## “FREEDOM OF INFORMATION” REQUEST FORM

This is a request under the Freedom of Information Act. I request that a copy of the following documents (or documents containing the following information) be provided to me. (Please provide a description of the documents that are being requested in the space provided below.)

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Fees for this information will be charged as follows: The first 50 pages of 8 ½ x 11 or 11 x 14 black and white copies will be free. Any additional pages will be charged a .15 per page copying fee. Color copies or abnormal size copies will be charged the actual cost of copying. We can waive fees if disclosure is in the public’s interest; at our discretion. If you are requesting a waiver of fees, please check the appropriate box and provide a specific explanation for waiver of fees in the space below:

- I request a waiver of all fees associated with this request

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In order to help to determine my status to assess fees, please select one of the choices below:

- An individual seeking information for personal use
- Affiliated with an educational institution and this request is made for a scholarly purpose (Please enter the educational institution name in additional comments)
- Affiliated with a private corporation and seeking information for use in the company’s business (Please enter the corporation name in additional comments)
- A representative of the news media/press and this request is made as part of news gathering and not for commercial use (Please enter the agency name in additional comments)
- Affiliated with a public interest group and this request is not for commercial use (Please enter the group name in additional comments)

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Signature: \_\_\_\_\_

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