

General FOIA Request Form

Contact Information

First Name: _____

Last Name: _____

Address Line 1: _____

Address Line 2: _____

City/State/Zip: _____

Phone: _____ Alt Phone: _____

Email: _____

Case Information

Requestor is: _____

Case Name: _____

SCHAC Case # _____ EEOC Charge # _____

Contact for prior authorization if the amount of this request exceeds:

Signature: _____