

Items marked with an asterisk () are required.*

* Your Street Address:

* Your City, State, Zip Code:

Today's Date:

U.S. Department of Education
Office of Management
Regulatory Information Management Services
400 Maryland Avenue, SW, PCP 9143
Washington, DC 20202-4700
ATTN: FOIA Public Liaison

Dear FOIA Public Liaison:

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 (identify the documents or information as specifically as possible):

* In order to help to determine my status to assess fees, you should know that I am (select one - required):

An individual seeking information for personal use.

Affiliated with an educational or noncommercial scientific institution, and this request is made for a scholarly purpose.

Affiliated with a private corporation and seeking information for use in the company's business.

A representative of the news media/press and this request is made as part of news gathering and not for commercial use.

Affiliated with a public interest group and this request is not for commercial use.

* The maximum dollar amount I am willing to pay for this request is \$. Please notify me if the fees will exceed \$25.00 or the maximum dollar amount I entered.

I request a waiver of all fees for this request. Disclosure of the requested information to me is in the public interest because it is likely to contribute significantly to public understanding of the operations or activities of the government and is not primarily in my commercial interest.

* Specific explanation for waiver of fees (required if a waiver is requested):

Additional comments:

Thank you for your consideration of this request.

Sincerely,

* Signature

Title:

* First name:

Middle Initial:

* Last name:

* Daytime telephone number:

Fax number:

Email address: