



E-FOIA REQUEST

Failure to complete all information accurately will delay a response. This form is submitted using non-secure e-mail.
*All fields marked with an asterisk are required to complete a submission.

**OFFICE OF RESEARCH SERVICES
(ORS)**

**OFFICE OF RESEARCH FACILITIES
(ORF)**

Date

*Full Name

Organization

*Address

*City

*State

*Zip Code

*Phone Number

Fax Number

*E-mail

DESCRIPTION OF DOCUMENTS REQUESTED

In the space below, clearly state the name, type and any other specifics to identify the document(s) you are seeking (include dates, names, locations, etc., if possible). Any facts, time, authors, events, subject, contract number, and other details pertaining to the documents will help **ORS/ORF** in searching and determining which records best fit to your request.

Description

Identify the date range of the document(s):

Start Date

End Date

TYPE OF REQUESTER

Please select the description that best identifies the category of requester you are. This will help to determine what fees, if any, to assess:

- Affiliated with **business** and seeking records for use in the company business.
- Affiliated with an **educational** institution (school, university, vocational school, etc.) and this request is for scholarly research.
- Affiliated with a **non-commercial** institution and this request is for scientific research.
- A member of the **news media** and this request is for news gathering with the intent to publicize. Enter news media name/type of media in box below:

- Other** - Please provide description and purpose of organization in box below:

EXPEDITED PROCESSING

Designate only if your request meets one of these categories:

- An imminent threat to the life or physical safety of an individual exists.
- An urgency to inform the public concerning actual or alleged Federal Government activity exists (this option available **ONLY** for requesters primarily engaged in disseminating information).

FEE WAIVER/REDUCTION IN FEES

- Fees may be waived if the information is in the public interest and not primarily in the requester's commercial interest. If you would like to request a fee waiver, please provide a justification:

PAYMENT OF FEES

- In the box below, type the maximum amount you are willing to pay. You will be informed if the estimated cost will exceed this limit.

**THIS FORM CANNOT BE USED FOR PRIVACY ACT
REQUESTS OR REQUESTS FOR INFORMATION ABOUT A THIRD PARTY.**