

LOGAN

COLLEGE OF CHIROPRACTIC
UNIVERSITY PROGRAMS

Office of Admissions

August 1, 2011

Ms. Gayle Harvey
Eastern Illinois U.
600 Lincoln Ave.
Charleston, Illinois 61920-3099

Dear University Officer,

Thank you for responding to our request to release current student information last year. We appreciate your help!

In accordance of the Freedom of Information Act, I am requesting this information again this year and would appreciate your assistance with the following:

- o Current students (last name, first name, middle initial) and corresponding:
 - Current email address
 - Email address
 - Primary phone number with area code
 - Major area of study
 - Class level
 - Gender

If you could please send the student information in a Microsoft Office 2003, 2007, 2010 or a comma delimited file by Friday, August 23, that would be ideal.

We will be happy to pay copying and posting fees up to \$50. If the cost is more than this amount, please let me know.

If you have any questions regarding this request, please call me at [REDACTED] or email [REDACTED]. Thank you for your cooperation!

Sincerely,



Steve Held
Director of Admissions
Logan College of Chiropractic/University Programs

RECEIVED

AUG 9 2011

GENERAL COUNSEL
Eastern Illinois University



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AUG - 8 2011

EASTERN ILLINOIS UNIVERSITY
RECORDS OFFICE