

## REQUEST FOR RECORDS

In accordance with GBAA(LEGAL) and the Texas Public Information Act, I request that the following records of the District be made available to me as copies or for my inspection. I agree to pay the duplication costs if the cost does not exceed \$40. I understand that if the cost will exceed \$40, I will receive an estimate of charges and will have the opportunity to modify or withdraw my request before any copies are made.

Please check the appropriate box:

Inspection only	Or	Copies requested	Copy format (paper or electronic)	Number of copies requested	Public information requested (included description adequate to clarify request)
<input type="checkbox"/>		<input type="checkbox"/>			
<input type="checkbox"/>		<input type="checkbox"/>			
<input type="checkbox"/>		<input type="checkbox"/>			

Name of person request information		Phone number
Mailing address	City	State/Zip
E-mail address (if requesting an electronic copy)		

FROM: Superintendent Date \_\_\_\_\_

TO: Principal or Department Head

The District received this request for public information on \_\_\_\_\_ (date).

**REQUEST FOR COPIES:** If this information is readily available, please respond electronically via e-mail with documents attached or attach the copies to this form and return the form and copies to my office.

**REQUEST FOR INSPECTION:** Please indicate the place, dates, and times the requested information will be available for inspection.

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If this information is not readily available, please check and explain.

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