

PUBLIC INFORMATION PROGRAM: PUBLIC RECORDS

DONNA INDEPENDENT SCHOOL DISTRICT REQUEST FOR RECORDS

In accordance with Board policy GBA and the Public Information Act, I hereby request a copy of the following DISD records be made available for my inspection or duplication. I agree to pay the duplication costs at the adopted DISD rate. I understand that, in accordance with GBA (Legal), applications shall be handled in the order in which they are received and if the information cannot be produced within 10 business days after the date requested, I shall be notified of that in writing.

PUBLIC INFORMATION REQUESTED (INCLUDE DESCRIPTION ADEQUATE TO CLARIFY REQUEST):

Printed Name of Person Making Request

Signature of Person Making Request

Date

Address:

**In case we need more information can we reach you by phone?
Telephone number or cell number: _____**