

# 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 fact in writing and advised the information will be available for inspection or duplication.*

PUBLIC INFORMATION REQUESTED (include description adequate to clarify request)

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\_\_\_\_\_  
Signature of Person Making Request

\_\_\_\_\_  
Date

Address:

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In case we need more information can we reach you by phone?

Telephone number or cell number: \_\_\_\_\_