

**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

\_\_\_\_\_  
Print Name

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Company Name / Individual Title

\_\_\_\_\_  
Date

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

Telephone or Cell Number: \_\_\_\_\_