

SCHULENBURG ISD

Public Information Request Form

Please provide at least one of the following: a mailing address, a telephone number, and/or an email address so that Schulenburg ISD has a method of communicating with you to efficiently and promptly furnish the information you requested.

Requestor Name (*Please Print*): _____ Date: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ Facsimile Number (Fax): _____

Email Address: _____

In accordance with GBAA (LEGAL) and the Texas Public Information Act, I request the following records of the District be made available to me as indicated below. 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 or indicate: _____ Inspection only OR _____ Number of copies/sets requested

Please clearly and concisely describe the public information being requested:

Preferred method of pickup: _____ In person _____ Mail _____ Electronic copy

Please note, in-person pickup will be located at Schulenburg ISD's Superintendent Office, located 521 Shorthorn Dr, Schulenburg TX 78956 , during regular business hours. If you are requesting information to be sent to you by mail, postage and handling charges may apply.

Signature of Requestor

Date

FOR DISTRICT USE ONLY

Date Received: _____ Employee Receiving: _____

Date Information Released: _____ Employee Releasing: _____

Action Taken by District in Obtaining Information: _____

Fee Received: _____