INDEPENDENT SCHOOL DISTRICT NO. _____ PUBLIC DATA REQUEST FORM

O BE COMPLETED BY THE REQUESTOR		بله ا
REQUESTOR NAME (NOT REQUIRED):	PH	ONE NUMBER:*
ADDRESS:*	EM	AIL ADDRESS:*
DATE OF REQUEST:		
DESCRIPTION OF THE INFORMATION RE	QUESTED: (attach ac	ditional page if necessary)
MANNER IN WHICH RESPONSIVE DATA	IS TO BE PROVIDED:	
INSPECTION ONLY CO	PIES ONLY**	_ BOTH INSPECTION AND COPIES**
**Inspection is free, but there is a be provided.	charge for copies.	Payment must be received before copies will

FOR OFFICE USE ONLY

DATE REQUEST RECEIVED:	REQUEST RECEIVED BY:
DATE OF RESPONSE:	RESPONSE PROVIDED BY:

* Requestor's name is optional. However, contact information is necessary to mail/email the data. Also, contact information is needed if the school district does not understand the request. We will not work on such a request until clarified.