

INFORMATION ACCESS:
REQUEST FOR INFORMATION

GBAA
(EXHIBIT)

EXHIBIT A

BROWNSVILLE INDEPENDENT SCHOOL DISTRICT

REQUEST FOR RECORDS

In accordance with policy GBAA and the Public Information Act, I hereby request that copies of the following records of the Brownsville Independent School District be made available for my inspection or duplication. I agree to pay the duplication costs at the rates adopted by the Board.

Inspection Only	<u>OR</u>	Copies Requested	
<input type="checkbox"/>		<input type="checkbox"/>	_____
<input type="checkbox"/>		<input type="checkbox"/>	_____
<input type="checkbox"/>		<input type="checkbox"/>	_____
<input type="checkbox"/>		<input type="checkbox"/>	_____
<input type="checkbox"/>		<input type="checkbox"/>	_____
<input type="checkbox"/>		<input type="checkbox"/>	_____
<input type="checkbox"/>		<input type="checkbox"/>	_____
<input type="checkbox"/>		<input type="checkbox"/>	_____
<input type="checkbox"/>		<input type="checkbox"/>	_____
<input type="checkbox"/>		<input type="checkbox"/>	_____
<input type="checkbox"/>		<input type="checkbox"/>	_____

Requestors Name: _____ E-mail: _____

Address: _____
Street, Box, RFD
City
State
Zip Code

Date of request: _____ Phone: _____

PIO Date Stamp: _____ Fax: _____