FOR OFFICE USE ONLY: _____

INFORMATION ACCESS: GBAA
REQUESTS FOR INFORMATION (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/services costs at the rates adopted by the Board.

Inspection Only (Please check)	**OR**	**Copies Requested (number)**	**Public Information Requested (Include description adequate to clarify request)**
_____		_____	_____
_____		_____	_____
_____		_____	_____
_____		_____	_____
_____		_____	_____
_____		_____	_____
_____		_____	_____
_____		_____	_____
_____		_____	_____
_____		_____	_____
_____		_____	_____
_____		_____	_____

Requested by:

Name:_____

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

Date of request:_____ Phone: _____

Date received: _____ Fax: _____

This completed form shall be presented to the custodian of public records of the Brownsville Independent School District.
Jason E. Moody jemoody@bisd.us Administrator For Public Relations & Community Engagement Office