

FRIENDSWOOD INDEPENDENT SCHOOL
DISTRICT DISPOSITION OF RECORDS REQUEST

Date Received: _____

Job # _____

The following action is requested for duplication and/or inspection of records of the Friendswood ISD is requested by:

Name: _____

Company: _____

Address _____

Phone: _____

City/Zip _____

Email: _____

Description of Materials Requested for Duplication/ Inspection:

Authorized action:

_____ The record is public information and may be released.

_____ The Attorney General has determined the record is not confidential and may be released.

_____ The Attorney General has determined the record IS confidential and may NOT be released.

_____ No determination on confidentiality of the record has been made by the Attorney General. A request for his determination has been made. The record may not be released until a ruling from the Attorney General has been received.

Custodian of Records (or Designee)

Date

Note: The Superintendent of Schools is the official Custodian at Records for Friendswood ISD.

Department _____

Staff: _____

STATEMENT OF CHARGES FOR DUPUCATION OF PUBLIC RECORDS

_____ pages at 10¢ per page standard size pages

_____ pages at 50¢ per oversized pages

_____ OTHER,

_____ personnel charge if applicable, \$15 per hr.

_____ Postage and handling (if applicable) actual cost

Total Due _____

Materials were: Emailed Date: _____