



WFISD

Department of Support Services

1104 Broad Street * P O Box 97533 * Wichita Falls TX 76307-7533

PHONE (940) 235-1017 • FAX (940) 720-3201

open_records@wfisd.net

REQUEST FOR STAFF OR STUDENT RECORDS

Date: _____ Full name reflected on record: _____ DOB: _____

Requestor's name/relation: _____ Telephone: _____

Full address: _____

If **student** records, dates of attendance: _____

If **staff** records, dates of employment: _____

Information Requested – Please be specific: _____

PLEASE CHOOSE: _____ **I will pick up records** _____ **Please mail records**

Requestor's Signature: _____

For WFISD Use:

Date Supplied: _____

Supplied by: _____

Date Denied: _____

Denied by: _____

Reason for denial: _____
