ROMA
INDEPENDENT SCHOOL DISTRICT

In accordance with GBAA(LEGAL) and the Texas Public Information Act, I request that the following records of the District be made available to me as copies or for my inspection. I agree to pay the duplication costs if the cost does not exceed $40.00. I understand that if the cost will exceed $40.00, I will receive an estimate of charges and will have the opportunity to modify or withdraw my request before any copies are made.

Please check the appropriate box:

Inspection Only	OR	Copies Requested	Copy Format (Paper or Electronic)	Number of Copies Requested	Public information Requested (Include Description Adequate to Clarify Request)
☐		☐	_____	_____	_____
☐		☐	_____	_____	_____
☐		☐	_____	_____	_____

Name of Person Requesting Information **Phone**

_____ (___)_____-_____

Last Name First Name Area Code Phone Number

_____

Mailing Address City State/Zip Code

_____ **Today's Date:**_____

E-mail Address (If requesting an Electronic Copy) **The 10th Business Day will be** _____

This completed form should be presented to the school district's superintendent or the districts public information designee.

FROM: Superintendent **Date:**_____

To: Principal or Department Head

The District received this request for public information on _____ (Date).

☐ **REQUEST FOR COPIES:** If this information is readily available, please respond electronically via e-mail with documents attached or attach the copies to this form and return the form and copies to my office.

☐ **REQUEST FOR INSPECTION:** Please indicate the place, dates, and times the requested information will be available for inspection.

_____

☐ If this information is not readily available, please check and explain.

_____

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