



Wichita Falls Independent School District
 1104 Broad Street * P O Box 97533 * Wichita Falls TX 76307-7533
 PHONE (940) 235-1025 • FAX (940) 235-1379
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: _____	