



PUBLIC INFORMATION REQUEST FORM

This form is available online at www.kisd.org and may be printed, completed, and emailed to: info@kisd.org– Attn: PIA Request; or mailed to: Public Information, Kilgore ISD, 301 N. Kilgore Street, Kilgore, Texas 75662.

Requestor _____ Date of Request _____

Street Address _____ Phone Number _____

City/Zip Code _____ Email Address _____

Pursuant to the Public Information Act, Texas Government Code, Section 552, I hereby request the following information currently existing in the records of Kilgore Independent School District, Kilgore, Texas.

(Please be specific as to exactly what information you are requesting and the format desired for the information such as alphabetical by school, by zip code, etc.)

Please select all that apply:

☐ I do not want copies but wish to inspect the originals of the requested information. Please contact me at the telephone number listed above to schedule a time when records will be available for viewing.

☐ I wish a copy of the requested information.

☐ I understand that I must pay ten cents (\$.10) for standard size paper copies. I also acknowledge that I must pay for labor charges incurred in making copies at the rate of fifteen dollars (\$15) per hour and that all charges must be paid in advance documents being released to me either in person or via email. Information copied onto nonstandard-sized paper, cassette tapes, or computer disks will require additional charges.

☐ I will pick up the copies. Please call me at the telephone number listed above when they are ready.

☐ I request that copies be emailed to me at the email address listed above.

In making this request, I understand:

- Kilgore ISD is under no obligation to create a document to satisfy my request for information or to comply with a standing request for information.
- Items expressly confidential under law will not be disclosed (refer to the Public Information Handbook, Part Two, Exceptions to Disclosure, at www.oag.state.tx.us for more information)
- Kilgore ISD will contact me in the manner indicated above regarding my request within approximately ten (10) days.

Signature of Requestor

FOR DISTRICT USE ONLY

Date Received: _____ Received by (employee): _____ Supt. Approval: _____

Action taken by District in obtaining information: _____

Date information released: _____ Employee releasing information: _____