

Hitchcock Independent School District

REQUEST FOR RECORDS – PUBLIC INFORMATION

In accordance with GBA(LEGAL) and the Public Information Act, I hereby request that copies of the following records of the District be made available for my inspection or duplication. I agree to pay the duplication costs at the rate adopted by the Board if the cost does not exceed \$40. I understand that if the cost will exceed \$40, 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: • Inspection Only • Copy of Document • Number of Copies _____

PUBLIC INFORMATION REQUEST (Include description adequate to clarify request). _____

Name of Person Requesting Information: _____
(printed name)

(signature of person requesting information)

Address: _____

Daytime phone number: _____

This completed form should be presented to the Superintendent or designee.

(Office Use Only)

Date of Request: _____

Date Request Received: _____ Received by: _____