



SAN ELIZARIO INDEPENDENT SCHOOL DISTRICT

A Proud Community of Champions – Soaring to Excellence



REQUEST FOR INFORMATION

Name of Person: _____

Organization: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Contact #: _____ **Fax #:** _____

E-Mail Address: _____

_____ *Please be specific in your description of information and/or documents request* _____

Signature of Requestor

Date of Request

Social Security numbers and items expressly confidential under law will not be disclosed. For more information you may refer to the Public Information Handbook available online at <https://www.texasattorneygeneral.gov/open-government>

Within approximately 10 business days from the date the request is received, you will be notified of the estimated costs associated with your request (if applicable). Changes may apply to any request. Refer to GBAA, Guidelines for Copy Charges in Board Policy.

PLEASE SEND SIGNED FORM TO:
openrecords@seisd.net

SEISD HR USE ONLY

Charges for Information: _____ Amount of Fee: _____ Provided to: _____ ☐ Picked Up ☐ E-Mailed
(If applicable)

Date Paid: _____ Provided to: _____ Completed by: _____ ☐ Mailed Out ☐ Faxed

Name of Requestor Paying Fee: _____ Due Date: _____ Date Provided: _____