



SANTA FE INDEPENDENT SCHOOL DISTRICT
REQUEST FOR RELEASE OF PUBLIC RECORDS

All persons requesting copies of Public Records must complete the form below and have the request approved by the proper administrator before information is made available to that person. Employees of the school must also follow this procedure if the information requested is not within the realm of their jurisdiction.

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. Copies of requested information are available at a cost of \$0.10 per page payable in advance. I agree to pay the duplication costs 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 completed.

The person in charge of public information is responsible for its proper care and security. Allow ten (10) business days for completion of requested information.

REQUESTOR COMPLETES:

Date of Request _____

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)
<input type="checkbox"/>		<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>		<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>		<input type="checkbox"/>	_____	_____	_____

Name of Person Requesting Information	Phone
Mailing Address	City State / Zip
E-mail Address (if requesting an electronic copy)	

Submit to the Human Resources Department by
 US Postal Service, fax or email.
 P O Box 370, Santa Fe, TX 77510
 Fax# 409-925-4002
tara.mata@sfisd.org

HR Office Use Only:

FROM: Patti Hanssard, Asst. Supt. for HR/PR Date: _____

TO: Principal or Department Director

The District received this request for public information on _____
 Date

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- 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.

I authorize the release of the above information and verify that it is information that is covered in the Open Meetings Act.

Signature of Administrator

HR Office Use Only:

FULFILLMENT OF REQUEST:

DATE _____ FULFILLED BY _____

➤ INFORMATION RECEIVED BY _____