

Brownsville ISD
031901

INFORMATION ACCESS
REQUESTS FOR INFORMATION

GBAA
(EXHIBIT)

EXHIBIT A

BROWNSVILLE INDEPENDENT SCHOOL DISTRICT
REQUEST FOR RECORDS

In accordance with GBAA (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 the appropriate box:

Inspection only	OR	Copies requested	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"/>	_____	_____
<input type="checkbox"/>		<input type="checkbox"/>	_____	_____
<input type="checkbox"/>		<input type="checkbox"/>	_____	_____
<input type="checkbox"/>		<input type="checkbox"/>	_____	_____
<input type="checkbox"/>		<input type="checkbox"/>	_____	_____
<input type="checkbox"/>		<input type="checkbox"/>	_____	_____
<input type="checkbox"/>		<input type="checkbox"/>	_____	_____
<input type="checkbox"/>		<input type="checkbox"/>	_____	_____
<input type="checkbox"/>		<input type="checkbox"/>	_____	_____
<input type="checkbox"/>		<input type="checkbox"/>	_____	_____
<input type="checkbox"/>		<input type="checkbox"/>	_____	_____

Name of Person Requesting Information _____

Address _____
Street/Box/RFD City State Zip

Date of request _____ Phone _____

Date received _____ Fax _____

This completed form shall be presented to the Public Information Office of the Brownsville Independent School District.