

HULL-DAISETTA
INDEPENDENT
SCHOOL
DISTRICT

117 Main
Daisetta, TX 77533
Phone: 936/536-6321
Fax: 936/6536-6251

PUBLIC INFORMATION REQUEST FORM

This form is available online at www.hdisd.net and may be printed, completed, and faxed to: (936) 536-6251 - Attn: Superintendent; or mailed to: Superintendent, Hull-Daisetta ISD, PO Box 477, Hull-Daisetta, TX 77533.

Requestor _____ Date of Request _____

Street Address _____ Phone Number _____

City/Zip Code _____ Fax Number _____

Pursuant to the Public Information Act, Texas Government Code, Section 552, I hereby request the following information currently existing in the records of Hull-Daisetta Independent School District, Daisetta, TX. (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.)

_____ I wish a copy of the requested information. I understand that I must pay ten cents (10¢) per page for standard size paper copies. Information copied onto nonstandard-size 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.

_____ Please call and inform me of all costs (copies, postage & shipping, etc.) and then mail the information to me at the address listed above after you have received my payment for these charges.

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

In making this request I understand:

- that HDISD is under no obligation to create a document to satisfy my request 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)
- that HDISD 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): _____

Action taken by District in obtaining information: _____

Date Information Released: _____ Employee releasing information: _____