

FRIENDSWOOD INDEPENDENT SCHOOL DISTRICT
DISPOSITION OF RECORDS REQUEST

Date Rec'd: _____

Job # _____

The following action is requested for duplication and/or inspection of records of the Friendswood Independent School District is requested by:

Name _____ Company _____

Address _____ Phone _____

City /Zip _____ FAX _____

Description of Materials Requested for Duplication / Inspection:

Authorized action:

- The record is public information and **may** be released.
- The Attorney General has determined the record is not confidential and **may** be released.
- The Attorney General has determined the record is confidential and **may not** be released.
- No determination on confidentiality of the record has been made by the Attorney General. A request for his determination has been made. The record **may not** be released until a ruling from the Attorney General has been received.

Custodian of Records (or Designee)

Date

Note: The Superintendent of Schools is the official Custodian of Records for Friendswood ISD.

STATEMENT OF CHARGES FOR DUPLICATION OF PUBLIC RECORDS

Department _____

Staff _____

_____ pages at 10¢ per page standard size pages		\$ _____
_____ pages at 50¢ per oversized pages		\$ _____
_____ OTHER, e.g. _____		\$ _____
_____ personnel chg. if applicable, \$15 per hr.		\$ _____
_____ diskette, \$1		\$ _____
_____ Postage and handling (if applicable) actual cost		\$ _____

Total Due \$ _____

Materials were: Mailed ___/___/___ Picked up ___/___/___ by _____