



P.O. Box 631
Jacksonville, TX 75766
Phone: 903/586-6511
Fax: 903/586-3133

PUBLIC INFORMATION REQUEST FORM

This form is available online at www.jacksonvilleisd.org and may be printed, completed, and faxed to: (903) 586-3133 - Attn: Superintendent; or mailed to: Superintendent, Jacksonville ISD, P.O. Box 631, Jacksonville, TX 75766.

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 Jacksonville Independent School District, Jacksonville, Texas. *(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 JISD 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 JISD 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 info: _____ Fee Received: \$ _____