PUBLIC INFORMATION PROGRAM: PUBLIC RECORDS

GALENA PARK INDEPENDENT SCHOOL DISTRICT REQUEST FOR RECORDS

In accordance with policy GBA and the Open Records Act, I hereby request that copies of the following records of the Galena Park Independent School District be made available for my inspection and duplication. I agree to pay the duplication costs at the rates adopted by the Board.

Inspection only (Please check)	Number of copies requested	(Include descr to clarify	ation requested. iption adequate request.)
Requested by: Name Title: Address:			
Street, Box RFD Date of request: Email address:	City Phone:	State	Zip

This form shall be presented to the Superintendent or designee of the Galena Park Independent School District.

DATE ISSUED: 06/30/2014