



**Wichita Falls Independent School District**  
 1104 Broad Street \* P O Box 97533 \* Wichita Falls TX 76307-7533  
 PHONE (940) 235-1017 • FAX (940) 720-3201  
[open\\_records@wfisd.net](mailto:open_records@wfisd.net)

## REQUEST FOR STAFF OR STUDENT RECORDS

Date: \_\_\_\_\_ Full name reflected on record: \_\_\_\_\_ DOB: \_\_\_\_\_

Requestor's name/relation: \_\_\_\_\_ Telephone: \_\_\_\_\_

Full address: \_\_\_\_\_

If **student** records, dates of attendance: \_\_\_\_\_

If **staff** records, dates of employment: \_\_\_\_\_

**Information Requested – Please be specific:** \_\_\_\_\_

**PLEASE CHOOSE:**      \_\_\_\_\_ **I will pick up records**      \_\_\_\_\_ **Please mail records**

**Requestor's Signature:** \_\_\_\_\_

<b>For WFISD Use:</b>	
Date Supplied: _____	Supplied by: _____
Date Denied: _____	Denied by: _____
Reason for denial: _____	