



# WFISD

## Department of Support Services

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### REQUEST FOR OPEN RECORDS (PUBLIC INFORMATION ONLY)

Date of Request: \_\_\_\_\_

Requested by: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**For WFISD Use:**

Date Supplied: \_\_\_\_\_

Supplied by: \_\_\_\_\_

Date Denied: \_\_\_\_\_

Denied by: \_\_\_\_\_

Reason for denial: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_