**Mathis Independent School District**

 **Open Records Request**

Statutory citation covering notification of criminal history of vendor is found in the Texas Education Code 44.034

|  |
| --- |
| Note: Persons desiring to review documents maintained by the District and classified as Open Records shall submit their request in writing on this Form provided by the District or in any other written manner that sets forth the required information in accordance with Policy GBAA.  In accordance with GBAA (legal) and the Texas Public Information Act, I request that the following records of the District be made available to me as copies or for my inspection. I agree to pay the duplication costs if the cost doesn’t not exceed $40. I understand that if the cost will exceed $40, I will receive an estimate of charges and will have the opportunity to modify or withdraw my request before any copies are made.  In accordance with the Texas Administrative Code TITLE 1 ADMINISTRATION PART 3 OFFICE OF THE ATTORNEY GENERAL RULE §70.3  Charges for Providing Copies of Public Information:  The charge is $.10 per page for standard size paper copies, plus any applicable labor and overhead charge for more than 50 copies. The charge for labor costs incurred in processing a request for public information is $15 an hour. The labor charge includes the actual time to locate, compile, manipulate data, and reproduce the requested information |

***Check the appropriate box:***

**Copies requested**

**Inspection Only**

OR Copy format Number of Public Information requested

(paper or copies (include description

Electronic) requested adequate to clarify request)

\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Name of Person Requesting Information |
| Contact Phone Number (\_\_) \_\_\_\_\_ - \_\_\_\_\_\_\_\_ Alt. Ph. No. (\_\_) \_\_\_\_\_ - \_\_\_\_\_\_\_\_\_ |
| Mailing Address City State Zip |
| Email Address |

Requestor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_