

TPIA #

# DRIPPING SPRINGS ISD Open Records Request Form

Organization/Business:	Contact Name:
Phone:	Address:
E-mail:	City/State/Zip:

In accordance with school policy GBA(LEGAL) and the Texas Public Information Act, I hereby request that copies of the following records of the District be made available for my inspection or duplication:

**Documents/Records Requested (details):**

I would like these documents/records to be made available by the following method:

- E-mailed to the above address     
 Picked up at the Superintendent's Office     
 Mailed to the above address

I agree to pay the duplication rate of:

- 10¢ per page\*     
 \$1.00 per CD\*     
\*Depending on the nature of the request, other charges may apply in accordance with state law and district policy.

Signature:	Date:
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**E-mail to:**  
RecordsRequest@dsisdtx.us

**or Mail to:**  
DSISD Attn: Open Records Request  
PO Bo 479  
Dripping Springs, TX 78620

**or Deliver to:**  
DSISD Central Office  
510 W. Mercer St.  
Dripping Springs, TX

See Attached Request

### FOR OFFICE USE ONLY

<b>Date Received:</b>	<b>Date Due:</b>	<b>Person Responsible:</b>	<b>Return Responsive Docs to:</b>
<b>Person(s) to Notify:</b>			
<b>Notes on Legal Timeline:</b>			
<b>Other Notes:</b>			
<b>Time Spent:</b>			

### ACTION NEEDED

Contact Legal:	Person Responsible:		
Freeze emails:	Person Responsible:	Release Date:	
Freeze servers:	Person Responsible:	Release Date:	
Retain all applicable paperwork:			
Other:			