



San Benito Consolidated Independent School District

PUBLIC INFORMATION PROGRAM (OPEN RECORDS)

REQUEST FOR RECORDS

In accordance with **San Benito CISD Board Policy GBA** (Public Information Program: Access to Public Information) and the **Public Information Act** (formerly the Open Records Act), I hereby request that copies of the following records of the San Benito CISD be made available for my inspection and/or duplication. I also agree to pay the duplication costs at the rate adopted by the San Benito CISD Board of Trustees.

Inspection Only
(Please Check)

Number of Copies Requested

Public Information Requested
(Please include a description sufficiently adequate to clarify request.)

Printed Name of Person Requesting Public Information

Signature of Person Requesting Public Information

Mailing Address

Telephone Number

E-mail Address (required if requesting electronic file)

Date of Request

SUBMIT COMPLETED FORM TO:

SBCISD Communications Office / KSBG TV

Attn.: **Isabel C. González**

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