



# SOCORRO INDEPENDENT SCHOOL DISTRICT

## Request for Information

### Requestor's Information

Name (Person or Business): \_\_\_\_\_

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

City State Zip Code

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### Requested Information (Please be as specific as possible)

**Social Security Numbers WILL NOT be provided**

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

### Requested Media

DVD  Hard Copy Mailed  Hard Copy Picked Up in Person  Email  CD  Other: \_\_\_\_\_

Requestor's Signature \_\_\_\_\_

Date \_\_\_\_\_

Texas Administrative Code Chapter 552 (Public Information Requests): Under the Public Information Act, the district will fulfill your request within a reasonable amount of time as per Subsection 552.221. TAC, chapter 552, Subchapter F (Changes of Providing Copies of Public Information) provides guidelines for any changes associated with providing copies of Public Information. There is a 10-cent per page charge for all copies. If your request also requires one or more hours of labor to provide the information as defined in the above, you will receive a written explanation of charges and your options. Section 552.275 authorized a governmental body to establish a 36 hour limit in a 12 month period on the amount of time that personnel are required to spend producing public information without recovering the cost attributable to the personnel time related to that requestor. A requestor will be required to compensate the District for the cost incurred in satisfying subsequent requests once the time limit has been reached.

### Please submit this request to:

Socorro Independent School District

Attn: District Records Manager

12440 Rojas Dr., El Paso, TX 79928-5200

Phone: 915.937.0216

Office Hours: Monday - Friday 7:30 a.m. - 5:00 p.m.

### FOR SISD USE ONLY

ORR ISD Number: \_\_\_\_\_

Date Sent: \_\_\_\_\_

Request Assigned to: \_\_\_\_\_

Internal Due Date: \_\_\_\_\_

Date Due to Requestor: \_\_\_\_\_

\_\_\_\_\_  
HR Received by Date

\_\_\_\_\_  
Chief Human Resources Officer Date

\_\_\_\_\_  
Director of Employee Relations Date