



**Public Information/Open**

**Records Request Form**

|                                        |                                                                                                                       |
|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| Name of person requesting information: |                                                                                                                       |
| Organization:                          |                                                                                                                       |
| Street address:                        |                                                                                                                       |
| City/state/zip:                        |                                                                                                                       |
| Telephone number:                      |                                                                                                                       |
| Cell number:                           |                                                                                                                       |
| Email address:                         |                                                                                                                       |
| Preferred format:                      | <input type="checkbox"/> Paper copy <input type="checkbox"/> Electronic copy <input type="checkbox"/> Inspection only |
| Preferred method of delivery:          | <input type="checkbox"/> U.S. mail <input type="checkbox"/> Email <input type="checkbox"/> Pick up                    |
| Detailed description of your request:  |                                                                                                                       |

**\*NOTE:** Certain exceptions to disclosure exist under the Texas Public Information act to protect against the disclosure of confidential or privileged information. If it appears that an exception to disclosure exists, an opinion will be sought from the Office of the Attorney General regarding your request.

You may submit the form by mail, email, or in person:

| <b>By Mail:</b>                                                                                                                            | <b>By Email:</b>                                                                                                                        | <b>In Person:</b>                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>Lubbock ISD</b><br>Request for Public Information<br>Attn: Jeff Klotzman<br>1628 19 <sup>th</sup> Street Suite 108<br>Lubbock, TX 79401 | <u><a href="mailto:Jeff.Klotzman@LubbockISD.org">Jeff.Klotzman@LubbockISD.org</a></u><br><b>Subject:</b> Request for Public Information | <b>Lubbock ISD Central Office</b><br>1628 19 <sup>th</sup> Street Suite 108<br>East Building<br>Lubbock, TX 79401 |