

**REQUEST FOR INFORMATION  
VIDOR INDEPENDENT SCHOOL DISTRICT**

**TO: Custodian of Documents**

I, \_\_\_\_\_, representing \_\_\_\_\_  
Company, Organization, Self  
request the following information:

Total of Pages

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Total Number of Pages \_\_\_\_\_

The Vidor Independent School District will not be liable for the reproduction or use of these records after they are released.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Requesting Info.

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Pages @ \$.10 per page - \_\_\_\_\_  
\_\_\_\_\_  
Hours @ per page - \_\_\_\_\_ (Time will be prorated in 1/2 hr.)  
\_\_\_\_\_  
TOTAL

Approved for reproduction and billing: \_\_\_\_\_  
Superintendent or Designee Date