



**HOLLAND INDEPENDENT SCHOOL DISTRICT
REQUEST FOR DISCLOSURE OF PUBLIC RECORDS**

105 S. Rose Ln/PO Box 217
Holland, TX 76534
Phone: (254)657-0175 Fax: (254)657-0172

Please use this form to request records from Holland Independent School District. Every effort is made to expedite all requests for disclosure of public records; however, due to personnel demands and schedules, there are incidents when the disclosure of records may take the full amount of time allowed by law. Mail request to Holland ISD c/o Superintendent.

PLEASE PRINT ALL INFORMATION

NAME:		PHONE:
MAILING ADDRESS:		
CITY:	STATE:	ZIP:

To avoid delays in responding, be specific with your request, and include names, addresses, inclusive of dates, time and places. Please complete the form below; incomplete requests cannot be filled properly.

DETAILED DESCRIPTION OF REQUESTED RECORD(S):

(CHECK ONE)

REQUIRED

(a) I request paper copies

(b) I request only to view at Holland ISD

(c) Other (Please explain in detail below)

SIGNATURE OF REQUESTOR

<p>* if records are located at the remote storage facility any request for copies of the records will include the charge incurred by Holland ISD to retrieve and/or return records to the remote storage facility in the amount of \$25 each way.</p>

TO BE COMPLETED BY HOLLAND ISD

DATE RECEIVED: _____

DATE DISCLOSED TO REQUESTOR: (DATE/TIME/NAME) _____

FEE DUE: \$ _____ FEE PAID: \$ _____ RELEASED BY: _____

