## Request for Records Form for Red Oak ISD

Date:	
Name of Request	or:
Organization/Busi	ness (if applicable):
Address:	City:
State:	Zip Code:
Phone:	Fax:
Requests to Information in person to Red Oak IS 109 W. Re Red Oak, P: 972-617	or public information are handled in accordance with the Texas Public in Act. Please complete this form and send by either email, fax, mail or in ATTN: Red Oak ISD Communications Department  SD Education Services Center in Communications Department  GO AROAD  Texas 75154  Texas
Select One:	Inspection Only Copies (Indicate # of copies desired)
How do you want	to receive the information? EmailMailPick Up