

**POINT ISABEL INDEPENDENT SCHOOL DISTRICT
RECORD MANAGEMENT OFFICE**

RECORD REQUEST

INSTRUCTIONS

1. Requests must be submitted to the Record Management Office three days prior to release of record.
2. A separate record request form must be filled out for each record requested.
3. Keep a copy of the request for your files and send original to the Record Management Office.
4. A copy of the original request will be returned by the Record Management Office along with records requested.

THIS SECTION TO BE COMPLETED AND SIGNED BY PRINCIPAL OR DEPARTMENT HEAD

DATE REQUEST SUBMITTED: _____

SCHOOL OR DEPARTMENT: _____

NAME OF RECORD/YEAR REQUESTED: _____

PERSON MAKING REQUEST: _____

COMMENTS: (INCLUDE ALL DESCRIPTIONS, SPECIAL OR OTHER NAMES FOR RECORDS)

SUPERVISOR SIGNATURE	TITLE	DATE APPROVED
APPROVED BY:		

THIS SECTION TO BE COMPLETED BY RECORD MANAGEMENT OFFICE.

DATE RECEIVED: _____ DATE ACKNOWLEDGED: _____

RECORD LOCATION AND IDENTIFICATION: _____

RECORD RELEASE FORMAT: _____

COMMENTS:

SUPERVISOR SIGNATURE	TITLE	DATE APPROVED
APPROVED BY:		
