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Lori Moore District Principal

Mr. Leonel Olivarez Business Manager

## INDEPENDENT SCHOOL DISTRICT

P.O. Box 10

San Isídro, Texas 78588

956-481-3110

Fax 956-481-3930

	Requestor's In	nformation		
Name (Person or Business):				
Address:				
		City	State	Zip Code
Telephone:	Fax:		Email:	
Requested Information (Please be Social Security Numbers WILL)  Requested Media	1 1			
DVD Hard Copy Mailed	Hard Copy Picked Up in Pe	erson 🗆 Email 🗀	CD Other:	
Requestor's Signature			Date	
Texas Administrative Code Chapter 552 (Public Inper Subsection 552,221, TAC, chapter 552, Subcha of Public Information. There is a 10-cent per page you will receive a written explanation of charges and that personnel are required to spend producing publications.	pter F (Changes of Providing Copies charge for all copies. If your request d your options. Section 552.275 authoriz slic information without recovering the	of Public Information) provide also requires one or more housed a governmental body to es- cost attributable to the person	es guidelines for any changes urs of labor to provide the infor stablish a 36 hour limit in a 12 mo anel time related to that request	associated with providing co rmation as defined in the about onth period on the amount of to or. A requestor will be required

e as pies ove, time

## Please submit request to:

San Isidro Independent School District Attn: Superintendent

5175 FM 1017, San Isidro, TX 78588

Phone: 956.481.3110

Office Hours: Monday - Friday 7:30 a.m. - 4:30 p.m.

Email: informationrequest@sanisidroisd.org

This request follows School Board Policy GBAA (LEGAL)

F	FOR SIISD USE ONLY	
] Date Due to Requestor:	Superintendent	Date

D 1 0 1		
Date Sent:		
Daie Seili.		