

COMAL INDEPENDENT SCHOOL DISTRICT

Data Requests from Outside Organizations

(Must have prior approval of the Communications Office)

Organization: _____ Date: _____
Contact Name: _____
Address: _____ Phone: _____
Accepted by: _____
(CISD Personnel)

1. Format(s) requested:

- Reports: 8 1/2" x 11" plain white paper
Labels: 3 1/2 x 15/16" plain white gummed labels, one record per label
Media: 3.5" 1.44MB DOS diskette
 Compact Disc
 Emailed to: _____

2. Data request:

Employee data:

- Last Name
 First Name
 Middle Name
 Home Address
 City
 State
 Zip Code
 Home Area Code
 Home Phone
 Sex (M,F)
 Ethnicity
 Campus/Depart. Name
 Job Title

Student data:

- Last Name
 First Name
 Middle Name
 Home Address
 City
 State
 Zip Code
 Home Area Code
 Home Phone
 Sex (M,F)
 Ethnicity
 Campus Name
 Grade

3. Record Selection:

- All employees/students
 Employees/students at specified Dept./campus: _____
 Students by grade(s): _____
 Employee by job type (i.e.: teachers, clerks, etc.) _____
 Other, please specify: _____

4. Sorting: (Choose one per report, diskette, CD or labels set)

Employee Data

- by job, campus and name
 by campus and name
 by name only
 by zip code

Student Data

- by campus, grade and name
 by campus and name
 by zip code and name: Ascending Descending
 by name only

If none of the above apply, how do you want the records sorted?

Return To : Comal ISD Communications Office, Fax: (830) 221-2001

By law, personal information about students and/or staff in the Comal ISD is not released if they request that their information remain confidential.

Minimum Charge for any request is \$28.50