



William Penn School District



Robert W. Kaufmann
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OPEN RECORDS RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED:

REQUEST SUBMITTED BY: E-MAIL___ U.S. MAIL___ FAX___ IN PERSON___

NAME OF REQUESTOR : _____

STREET ADDRESS: _____

CITY/STATE/ZIP/COUNTY: _____

TELEPHONE: _____

RECORDS REQUESTED:

Provide as much specific detail as possible so the officer can identify the information.

DO YOU WANT COPIES? YES___ NO___

DO YOU WANT TO INSPECT THE RECORDS? YES___ NO___

DO NOT WRITE BELOW THIS LINE

OPEN RECORDS OFFICER (ORO): Robert W. Kaufmann

DATE RECEIVED BY THE AGENCY:

AGENCY FIVE (5)-DAY RESPONSE DUE DATE: