

Elizabethtown Area School District

RIGHT-TO-KNOW REQUEST FORM

PLEASE ANSWER ALL QUESTIONS. A PROPERLY COMPLETED FORM SUBMITTED TO THE SCHOOL DISTRICT WILL BE CONSIDERED A WRITTEN REQUEST FOR PURPOSES OF THE RIGHT-TO-KNOW ACT, 65 P.S. § 66.1 et seq.

SECTION 1 – REQUESTOR INFORMATION (To be completed by the Requestor)

Date Requested: _____

Name of Requestor: _____
Last Name First Name M.I.

Street Name and Number: _____

City/State/Zip Code: _____

Telephone (Optional): _____ E-mail Address (Optional): _____

SECTION 2 – DESCRIPTION OF DOCUMENT(S) REQUESTED (To be completed by the Requestor)

Records Requested:

Provide as much specific detail as possible so the EASD can identify the requested record. Attach additional pages if necessary.

SECTION 3 – INSPECTION, COPYING OR CERTIFIED COPY OF PUBLIC RECORDS (To be completed by the Requestor)

Do you want to inspect the records? Yes No Do you want copies? Yes No (\$.09 per page)

Do you want Certified Copies of Documents? Yes No (Standard Postal Service Rate plus \$.09 per page)

Requester's Signature: _____

SECTION 4 – OFFICE USE ONLY - (To be completed by the School District's Right-to-Know Officer(s))

Request Submitted by: Email U.S. Mail Fax In Person

Date/Time Received by EASD: _____

Agency Five (5)-day Response Due: _____

School District Response: Request Granted Denied Exception Applied Extension Requested

Right-To-Know Officer: _____