Conestoga Valley School District Right-To-Know Request Form

PLEASE READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM. A PROPERLY COMPLETED FORM SUBMITTED TO THE SCHOOL DISTRICT WILL BE CONSIDERED A WRITTEN REQUEST FOR PURPOSES OF THE RIGHT-TO-KNOW LAW, 65 P.S.§ 67.101 et seq

Section 1 – Requester Infor	mation To be completed and sig	ned by the Requester at the time
Section 1 – Requester infor		District's Open Records Officer.
Print Name: Last	First	Middle Initial
Address (Street Name and Number)		
,		
City	State	Zip Code
Oity	State	Zip Gode
Talanhana Number (Ontional)	F Mail Address (Optional)	
Telephone Number (Optional)	E-Mail Address (Optional)	
Date (Month/Day/Year)	Requester's Signature (please print and sig	n)
The Right-to-Know Law provides	the Requester Must Be a Legal R	esident of the United States.
	Records(s) Requested – <i>To be</i>	Completed by the Requester -
Attach additional pages if necessary.		
Section 3 – Inspection, Cor	ying or Certified Copy of Pu	blic Records
· _ · _ ·	the Requester - Please check each b	
□ Inspection of Documents		ten Request Submitted
□ Copy Documents		□ In Person
(25 ¢ charge per page)		□ By Mail □ By Facsimile at
□ Certified Copies of Documents		By E-mail at:
(\$5.00 flat fee plus 25¢ per page)		
0	All W =	
	NLY. To be completed by the School [District's Open Records Officer for
each written request. [If request not may	ade on district form, attach request.]	
WRITTEN REQUEST TRANSMITT	「ED: □ In person □ Fax □ E-m	ail □ Other
WRITTEN REQUEST RECEIVED:		
	Date (Month/Day/Year)	Time (AM/PM) Initials
COLLOCAL DIOTRICT DECENDED		
	☐ Request Granted ☐ Denied	
Completed: Date (Month/	Day/Year) Time (AM/PM)	Initials
Date (MONTH)	Day, I cai) I lifte (Alvi/FWI)	เหนดเจ
COPIES REQUESTED: ☐ Yes	☐ No Total Fee: C	collected: □ Yes □ No
Date (Month/Day/Year) Tin	ne (AM/PM) Initials	
ATTACH TO THIS FORM A COPY(S) OF ANY WRITTEN RESPONSE SENT BY SCHOOL DISTRICT TO THE REQUESTER.		
THIS FORM AND ANY ATTACHMENTS MUST BE FILED WITH THE		