



McKEESPORT AREA
School District

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/COUNTY (Required): _____

TELEPHONE: _____

RECORDS REQUESTED:

**Provide as much specific detail as possible so the school district can identify the information.*

DO YOU WANT COPIES? YES or NO

DO YOU WANT TO INSPECT THE RECORDS? YES or NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES or NO

To be completed by Right to Know Officer

RIGHT TO KNOW OFFICER:

DATE RECEIVED BY THE SCHOOL DISTRICT:

***All requests must be in writing. If the requestor wishes to pursue the relief and remedies provided for in the Act, the request must be in writing.*

