

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 Information – To be completed and signed by the Requester at the time submitted to the School District’s Open Records Officer.

Print Name: Last	First	Middle Initial
Address (Street Name and Number)		
City	State	Zip Code
Telephone Number (Optional)	E-Mail Address (Optional)	
Date (Month/Day/Year)	Requester’s Signature	

By checking this box, I affirm that my full name and contact information is true and correct, and that I am a legal resident of the United States. I understand that failure to check this box may result in the denial of my request and dismissal of any appeal filed with the Office of Open Records.

Section 2 – Description of Records(s) Requested – To be Completed by the Requester -

Attach additional pages if necessary

Section 3 – Inspection, Copying or Certified Copy of Public Records

To Be Completed by the Requester - Please check each box applicable to your request.

- Inspection of Documents **Written Request Submitted**
- Copy Documents (25 ¢ charge per page) In Person
- Certified Copies of Documents (\$1.00 per record) By Mail
- By Facsimile at _____
- By E-mail at: _____

Section 4 – OFFICE USE ONLY. To be completed by the School District’s Open Records Officer for each written request. [If request not made on district form, attach request.]

WRITTEN REQUEST TRANSMITTED: In person Fax E-mail Other _____

WRITTEN REQUEST RECEIVED: _____
Date (Month/Day/Year) Time (AM/PM) Initials

SCHOOL DISTRICT RESPONSE: Request Granted Denied Exception Applied
 Completed: _____
Date (Month/Day/Year) Time (AM/PM) Initials

COPIES REQUESTED: Yes No Total Fee: _____ Collected: Yes No

Date (Month/Day/Year) Time (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 _____.