

CENTRAL DAUPHIN SCHOOL DISTRICT

District Administration Office
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Mr. Peter Bard, MBA, SFO, PCSBA
Chief Financial Officer
Right to Know Officer

Standard Right-To-Know Law Request Form

Date Requested: _____ Submitted By: _____ Email _____ U.S. Mail _____ Fax _____ In Person

Name of Requestor: _____

Company (if applicable): _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Telephone: _____ Fax: _____

Records Requested: *Provide as much specific detail as possible so the agency can identify the record(s).*

DO YOU WANT COPIES? _____ YES _____ NO ELECTRONIC COPIES (if available) _____ YES _____ NO

DO YOU WANT CERTIFIED COPIES? _____ YES _____ NO

DO YOU WANT TO INSPECT THE RECORDS? _____ YES _____ NO

RTKL requests may require payment or prepayment of fees. See the [Open Records Fee Schedule](#) for more details.

ITEMS BELOW THIS LINE FOR AGENCY USE ONLY

Date Received: _____

Date Response Due: _____

Cost to Requester: \$ _____

_____ Appropriate third parties notified and given an opportunity to object to the release of requested records.