Radnor Township School District

135 S. Wayne Avenue
Wayne, PA 19087-4117
610.688.8100
www.rtsd.org

Invest in Excellence

Right-to-Know Request Form

Anyone seeking access to or duplication of a public record must submit a written request, using the form below, addressed to the RTSD right-to-know officer, Mr. Brian Pawling. This request must identify or describe the public record with sufficient specificity to allow the district to determine which record is being requested and must include the name, address and email address to which the district should send its response.

Upon completing a right-to-know form, please submit it in one of the following manners:

By e-mail: Send, as a completed and signed scanned attachment, to the attention of Mr. Brian Pawling via email at brian.pawling@rtsd.org. An email will not be considered submitted until a complete, accessible copy of Right To Know Request Form is received.

By regular mail: Send to the attention of Mr. Brian Pawling at the district administrative offices at 135 S. Wayne Ave., Wayne, PA 19087.

In person: At the district business offices – 135 S. Wayne Ave., Wayne – on any business day during regular business hours.

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Right-to-Know Request Form

Date: _____

Name: _____
Last Name First Name

Address: _____
Street

_____
City State Zip

Phone: _____

Description of Request (See information sheet for details)**:** _____
_____
_____
_____
_____

Form of Reply (electronic or print copy, physical inspection, etc.) _____

Fee schedule:
The district will charge the following fees when a requester seeks to obtain a copy and for conversion of an electronic record to paper:

Printing copy of non-paper record: $0.25
Photocopying: $0.25
Electronic copy of record: $1 for disk
Physical inspection: No charge
Postage: Fees for postage may not exceed the actual cost of mailing.
Note: The total sum owed shall be paid before the public record is given to the requester.

_____
Signature of person making request

OFFICE USE
Date received: _____
Date information provided: _____
Date request denied (if applicable): _____
Reason for denial (if applicable): _____
_____
_____