PINE-RICHLAND SCHOOL DISTRICT
OFFICE OF OPEN RECORDS

Standard 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 (Optional): __________________________

RECORDS REQUESTED:
*Provide as much specific detail as possible in order to identify the information. Use second sheet if needed.

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

________________________________________________

FOR ADMINISTRATIVE USE

DATE RECEIVED BY THE AGENCY: __________________________

AGENCY FIVE (5) DAY RESPONSE DUE: __________________________

RESPONSE SENT: __________________________

EXTENSION DATE: __________________________

FEE (IF ANY): __________________________

Fees are based on the Pennsylvania Office of Open Records Fee Structure