



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