

# Northern Tier Career Center Right-To-Know Request Form

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	

**The Right-to-Know Law provides the Requester Must Be a Legal Resident of the United States.**

## 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.

- |   |  |
|---|--|
| <input type="checkbox"/> Inspection of Documents  | <b>Written Request Submitted</b>               |
| <input type="checkbox"/> Copy Documents<br>(25 ¢ charge per page)                             | <input type="checkbox"/> In Person             |
| <input type="checkbox"/> Certified Copies of Documents<br>(\$1.00 flat fee plus 25¢ per page) | <input type="checkbox"/> By Mail               |
|   | <input type="checkbox"/> By Facsimile at _____ |
|   | <input type="checkbox"/> 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 \_\_\_\_\_.