POTTSGROVE SCHOOL DISTRICT

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 ACT, 66 P.S.§ 66.1 et seq

Section 1 – Requester Information	1 – To be completed an District.	d signed by the Req	luester at the time s	ubmitted to the School
Name of Organization Requesting Information:				
Print Name: LAST	FIRST		Middle Initial	
Address (Street Name & Number)		L		
City	State (must be PA)		Zip Code	
Telephone Number (Optional)	E-Mail Address (Optional)			
Date (Month/Day/Year)	Requester's Signature			
Section 2 – Description of Document(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.				
☐ Inspection of Documents	,	Written Request Sเ	ubmitted:	
□ Copy of Documents		☐ In Person☐ By Mail		
□ Certified Copies of Documents]		le at: at:	
Section 4 – OFFICE USE ONLY. To be completed by authorized School District personnel 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/P	M)	Initials
SCHOOL DISTRICT RESPONSE: Recompleted:	equest Granted 🛮 🗆 Denie	d □ Exception	on Applied	
Date (Month/Day/Year)		Time (AM/PI	M)	Initials
COPIES REQUESTED: □ Yes	□ No Total Fee:		Collected:	□ Yes □ No
Date (Month/Day/Year) Time (A	AM/PM)	nitials		

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 IN THE OFFICE OF THE ASSISTANT SUPERINTENDENT.