

Hempfield 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 LAW, 65.P.S. §67.101 et seq

SECTION 1 – REQUESTOR INFORMATION (To be completed by the Requestor)

Name of Requestor: _____

Street Name and Number: _____

City/State/Zip: _____

Telephone (Optional): _____ E-mail Address (Optional): _____

SECTION 2 – DESCRIPTION OF RECORDS REQUESTED (To be completed by the Requestor)

Provide as much specific detail as possible so that the Hempfield School District can identify the requested record. Attach additional pages if necessary.

SECTION 3 – INSPECTION, COPYING OR CERTIFIED COPY OF PUBLIC RECORDS (To be completed by the Requestor)

Do you want to inspect the records? Yes No

Do you want copies? Yes No (\$0.25 per printed page plus actual mailing costs if applicable, \$0.25 per page for electronic format if a tangible copy must be made first)

Do you want certified copies of records? Yes No (\$5.00 per certified copy plus \$0.25 per page plus actual mailing costs if applicable)

Requester's Signature: _____ Date: _____

* PLEASE NOTE: Retain a copy of this request for your files, it is a required document if you would need to file an appeal.

SECTION 4 – OFFICE USE ONLY (To be completed by the School District's Right-To-Know Officer)

Request Submitted by: Email U.S. Mail Fax In Person

Date and Time Received: _____

Agency 5-Day Response Due: _____

School District Response: Request Granted Denied Exception Applied Extension Requested

Date and Time Completed: _____ Fee Collected: _____

Right-To-Know Officer: _____