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 – To be completed and signed by the Requester at the time submitted to the School District.

Name of Organization Requesting Information:		
Print Name: LAST	FIRST	Middle Initial
Address (Street Name & Number)		
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

☐ Copy of Documents

☐ Certified Copies of Documents

Written Request Submitted:

☐ In Person
☐ By Mail
☐ By Facsimile at: _____
☐ By E-mail 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/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 IN THE OFFICE OF THE ASSISTANT SUPERINTENDENT.