

Schuylkill Haven Area School District Right-To-Know Request Form

INSTRUCTIONS:

PLEASE COMPLETE SECTIONS 1, 2, AND 3 BEFORE SUBMITTING THIS FORM TO THE SCHOOL DISTRICT'S OPEN RECORDS OFFICER. A PROPERLY COMPLETED FORM WILL BE CONSIDERED A WRITTEN REQUEST FOR PURPOSES OF THE RIGHT-TO-KNOW LAW, 65 P.S. § 67.101 et seq. THE COMPLETED REQUEST CAN BE SUBMITTED IN THE FOLLOWING MANNER:

IN PERSON OR BY MAIL: OPEN RECORDS OFFICER
 SCHUYLKILL HAVEN AREA SCHOOL DISTRICT
 501 EAST MAIN STREET
 SCHUYLKILL HAVEN, PA 17972-1300

FAX: (570) 385-6736
 ATTN: OPEN RECORDS OFFICER

E-MAIL: openrecords@haven.k12.pa.us

Section 1 – Requester Information

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 Record(s) Requested – *Attach additional pages if necessary.*

Section 3 – Inspection, Copying or Certified Copy of Public Records

**Please check each box applicable to your request.*

- | | |
|---|--|
| <input type="checkbox"/> Inspection of Documents

<input type="checkbox"/> Copy Documents
(25¢ charge per page)

<input type="checkbox"/> Certified Copies of Documents
(\$1.00 flat fee plus 25¢ per page) | <p>Request Submitted By:</p> <input type="checkbox"/> In Person
<input type="checkbox"/> By U.S. Mail
<input type="checkbox"/> By Facsimile at: _____
<input type="checkbox"/> By E-mail at: _____ |
|---|--|

FOR DISTRICT USE ONLY:

Written Request Transmitted: <input type="checkbox"/> In person <input type="checkbox"/> U.S. Mail <input type="checkbox"/> Fax <input type="checkbox"/> E-mail	Date Received: _____
School District Response: <input type="checkbox"/> Request Granted <input type="checkbox"/> Denied <input type="checkbox"/> Exception Applied	Completed: _____
Copies Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Fee: _____
Collected: <input type="checkbox"/> Yes <input type="checkbox"/> No	

	Date	Initials
	Date	Initials
	Date	Initials