

**Penn Cambria 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 – 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 RECORD(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>(\$5.00 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 Penn Cambria 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.**