RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED (mm/dd/yy):

REQUEST SUBMITTED BY: ☐ EMAIL ☐ U.S. MAIL ☐ FAX ☐ IN-PERSON

NAME OF REQUESTOR:

STREET ADDRESS:

CITY/STATE/COUNTY (Required):

ZIP CODE:

TELEPHONE:

RECORDS REQUESTED:

Provide as much detail as possible so we can identify the information correctly.

DO YOU WANT COPIES? ☐ YES ☐ NO

DO YOU WANT TO INSPECT THE RECORDS? ☐ YES ☐ NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? ☐ YES ☐ NO

RIGHT TO KNOW OFFICER: Dr. Lucretia Brown

For Office Use Only

DATE RECEIVED BY THE DISTRICT (mm/dd/yy):

DISTRICT FIVE (5)-DAY RESPONSE DUE (mm/dd/yy):

Note: If the requestor wishes to pursue the relief and remedies provided for in this Act, the request must be in writing. (Section 702) Written requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law. (Section 703)

Forms may be mailed to Open Records Officer, Allentown School District, 31 S. Penn St., Allentown, PA 18102; faxed to (484) 765-4025; or e-mailed to openrecords@allentownsfd.org. Please attach a completed form.