CSD CHELTENHAM SCHOOL DISTRICT

RIGHT TO KNOW REQUEST FORM

DATE REQUESTED:

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

NAME OF REQUESTOR: _____

STREET ADDRESS: _____

CITY/STATE/COUNTY (Required): _____

TELEPHONE (optional): _____

EMAIL (optional): _____

RECORDS REQUESTED:
**Provide as much specific detail as possible so the agency can identify the information.*

DO YOU WANT COPIES? YES or NO

DO YOU WANT TO INSPECT THE RECORDS? YES or NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES or NO

RIGHT TO KNOW OFFICER: Crystal Mance

DATE RECEIVED BY THE AGENCY:

AGENCY FIVE (5)-DAY RESPONSE

DUE:

***Public bodies may fill anonymous verbal or written requests. 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.)*

OPTIONAL:
Providing the additional information below may assist the School District in responding to your request without need for further clarification:

MEDIUM REQUESTED FOR RELEASE: PAPER ELECTRONIC OTHER