



PENNSBURY SCHOOL DISTRICT
RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: _____

REQUEST SUBMITTED BY: (circle one) 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? (circle one) YES or NO

DO YOU WANT TO INSPECT THE RECORDS? (circle one) YES or NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? (circle one) YES or NO

RIGHT TO KNOW OFFICER: Jennifer Neill
 Open Records Officer
 134 Yardley Avenue, Fallsington, PA 19054
 Fax: (215) 736-3010
 e-mail: rtk@pennsburysd.org

FOR OFFICE USE ONLY DATE RECEIVED BY THE AGENCY: _____

AGENCY FIVE (5)-DAY RESPONSE DUE: _____