## **Governor Mifflin 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 Infor		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 Records(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. Written Request Submitted Inspection of Documents

Copy Documents
(25 ¢ charge per page)

Certified Copies of Documents (\$1.00 per record)

In Person	
By Mail	
By Facsimile at	

- □ By E-mail at:

Section 4 - OFFICE USE ONLY. To be completed by the School District's Open Records Officer for each written request. [If request not made on district form, attach request.]

WRITTEN REQUEST T	RANSMITTED:	In person	Fax E	-mail Ot	her	
WRITTEN REQUEST R	ECEIVED:	Date (Month/Da	y/Year)	Time (AN	I/PM)	Initials
SCHOOL DISTRICT RE Completed:	SPONSE:	Request Grar	nted Denie	ed Exc	eption Applied	
	Date (Month/Day/Y	'ear)	Time (AM/PM)		Initials	
COPIES REQUESTED:	Yes	No Total	Fee:	Collected:	Yes No	
Date (Month/Day/Year)	Time (AN	<i>И</i> /РМ)	Initials			

ATTACH TO THIS FORM A COPY(S) OF ANY WRITTEN RESPONSE SENT BY SCHOOL DISTRICT TO THE REQUESTER. THIS FORM AND ANY ATTACHMENTS MUST BE FILED WITH THE