LANCASTER COUNTY CAREER & TECHNOLOGY CENTER
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 ACT, 66 P.S.§ 66.1 et seq.

Section 1 – Requester Information – To be completed and signed by the Requester at the time submitted to the School District.

<table>
<thead>
<tr>
<th>Print Name:</th>
<th>Last</th>
<th>First</th>
<th>Middle Initial</th>
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<tbody>
<tr>
<td>Address (Street Name and Number)</td>
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<tr>
<td>City</td>
<td>State [must be PA]</td>
<td>Zip Code</td>
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<tr>
<td>Telephone Number (Optional)</td>
<td>E-Mail Address (Optional)</td>
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<tr>
<td>Date (Month/Day/Year)</td>
<td>Requester’s Signature</td>
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Section 2 – Description of Document(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.

- Inspection of Documents
- Copy Documents
  (___¢ charge per page)
- Certified Copies of Documents
  ($___ flat fee plus ___¢ per page)

Section 4 – OFFICE USE ONLY. To be completed by authorized School District personnel 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. THIS FORM AND ANY ATTACHMENTS MUST BE FILED WITH THE __________________________ ___________.