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.

Print Name: Last	First	Middle Initial
Address (Street Name and Number)		
City	State [must be PA]	Zip Code
Telephone Number (Optional)	E-Mail Address (Optional)	
Date (Month/Day/Year)	Requester's Signature	

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)

Written Request Submitted

□ In Person
□ By Mail
□ By Facsimile at _____
□ By E-mail at:
_____

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 _____.