

EASTERN YORK SCHOOL DISTRICT
P.O. Box 150, 120 S. Third Street, Wrightsville, PA 17368
(717) 252-1555 ext. 33240

STANDARD RIGHT TO KNOW REQUEST FORM

DATE REQUESTED: _____

REQUEST SUBMITTED BY: EMAIL___ US MAIL___ FAX___ IN-PERSON___

NAME OF REQUESTOR: _____

STREET ADDRESS: _____

CITY'STATE/COUNTY/ZIP: _____

TELEPHONE (OPTIONAL): _____

RECORDS REQUESTED – Please provide as much specific detail as possible:

DO YOU WANT COPIES: _____

DO YOU WANT TO INSPECT THE RECORDS: _____

DO YOU WANT CERTIFIED COPIES OF RECORDS: _____

RIGHT TO KNOW OFFICER:

DATE RECEIVED BY SCHOOL DISTRICT:

FIVE (5) DAY RESPONSE DUE DATE:

****Public bodies may fill anonymous verbal or written requests. If the requestor wishes to pursue the relief and remedies provided in this Act, the request must be in writing (Section 702). Written requests need not include an explanation of why information is sought or the intended use of the information unless otherwise required by law (Section 703).**