



New Kensington-Arnold School District
Right-To-Know Request Form

Request submitted by:	Email	US Mail	FAX	In-person
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Date Requested	
Name of Requestor	
Street Address	
City/State/ Zipcode/County	
Telephone	

Records Requested:

Provide as much specific detail as possible so the agency can identify the information.

Do you want copies?	Yes	No
Do you want to inspect the records?	Yes	No
Do you want certified copies of records?	Yes	No

Right to Know Officer: Audrey Sleight, 707 Stevenson Blvd. New Kensington, PA 15068
asleight@nkasd.com FAX 724-994-1213 Date received by agency: _

* Public bodies must fill anonymous verbal or written requests. If the requestor wishes to pursue the relief and remedies provided for in this Act, the request must be in writing.
Sec 702

** Written requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law. Sec. 703