Kiski Area School District

Right-To-Know Request Form

200 Poplar Street, Vandergrift, PA 15690

DATE REQUESTED: _____

REQUEST SUBMITTED BY: ☐ e-MAIL ☐ U.S. MAIL ☐ FAX ☐ IN-PERSON

NAME OF REQUESTOR: _____

MAILING ADDRESS: _____

CITY/STATE/COUNTY: _____

TELEPHONE: _____

RECORDS REQUEST: (provide specific detail so agency can identify the information)

_____

_____

_____

_____

DO YOU WANT COPIES? (25¢ per page) ☐ YES OR NO ☐

DO YOU WANT TO INSPECT THE RECORDS? ☐ YES OR NO ☐

DO YOU WANT CERTIFIED COPIES OF RECORDS? ☐ YES OR NO ☐

RIGHT TO KNOW OFFICER: _____

_____
Signature

DATE RECEIVED BY AGENCY: _____

WINDOW FOR RESPONSE EXPIRES: _____
Date

RECEIVED BY REQUESTOR: _____
Signature

DATE & TIME RECEIVED BY REQUESTOR: _____
Date Time