## Middletown Area School District 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 LAW, 65 P.S.§ 67.101 et seq. In accordance with the Right-to-Know Law, the Requester MUST be a legal resident of the United States.

Section 1 – Requester I	nformation –		and signed by the Req School District's Open		
Print Name: Last		First		/liddle Initial	
Address (Street Name and Number)					
City State			Zip Code		
Oity	State			2.p 0000	
Telephone Number (Optional)	E-Mail Addr	E-Mail Address (Optional)			
Date (Month/Day/Year)	Requester's	Requester's Signature			
Section 2 – Description Attach additional pages if necess		s) Requested -	- To be Completed	by the Requester -	
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Section 3 – Inspection, To Be Complete			of Public Record each box applicable to		
☐ Inspection of Documents	Inspection of Documents		Written Request Submitted		
☐ Copy Documents (25¢ charge per page)			☐ In Person ☐ By Mail		
☐ Certified Copies of Documents (\$5.00 flat fee)			<ul><li>☐ By Facsimile at 717-948-3329</li><li>☐ By E-mail at: openrecords@raiderweb.org</li></ul>		
Section 4 – OFFICE USI each written request. [If request it				Records Officer for	
WRITTEN REQUEST TRANS	MITTED: 🗆 In	person □ Fax □	]E-mail □ Other		
WRITTEN REQUEST RECEIV	/ED: Date (	Month/Day/Year)	Time (AM/PM)	Initials	
SCHOOL DISTRICT RESPON	ISE: □ Requ	est Granted	Denied □ Excep	tion Applied	
Date (N	flonth/Day/Year)	Time (AM	1/PM) Init	ials	
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 OPEN RECORDS OFFICER.