



West Branch Area School District Right-To-Know Request Form

Learn Today
Compete Tomorrow
Succeed Always.

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

Section 1 – Requester Information – To be completed and signed by the Requester at the time submitted to the West Branch School District Open Records Officer.

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

The Right-to-Know Law provides the Requester Must Be a Legal Resident of the United States.

Section 2 – Description of Records(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.

<input type="checkbox"/> Inspection of Documents	Clerical Cost:	Written Request Submitted
<input type="checkbox"/> Copy Documents (25 ¢ charge per page)	One hour free per school year. Additional time is \$10.00 an hour.	<input type="checkbox"/> In Person <input type="checkbox"/> By Mail
<input type="checkbox"/> Certified Copies of Documents (45¢ per side of page)	Checks or money orders to be made payable to: West Branch Area School District.	<input type="checkbox"/> By E-mail at: openrecords@westbranch.org

Section 4 – OFFICE USE ONLY. To be completed by the School District's Open Records Officer for each written request. [If request not made on district form, attach request.]

WRITTEN REQUEST TRANSMITTED: In person 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 _____.