

Administration Center 31 South Penn Street Allentown, PA 18102 484-765-4272

## **RIGHT-TO-KNOW REQUEST FORM**

DATE REQUESTED (mm/dd/yy):				
REQUEST SUBMITTED BY:	□ EMAIL	□U.S. MAIL	$\Box FAX$	□IN-PERSON
NAME OF REQUESTOR:				
STREET ADDRESS:				
CITY/STATE/COUNTY (Required):				
ZIP CODE:				
TELEPHONE:				
RECORDS REQUESTED:				
Provide as much detail as possible so we can identify the information correctly.				
DO YOU WANT COPIES?		□YES	□NO	
DO YOU WANT TO INSPECT THI	E RECORDS?	□YES	$\square$ NO	
DO YOU WANT CERTIFIED COP	IES OF RECORDS	S? □YES	$\square$ NO	

**RIGHT TO KNOW OFFICER:** Jennifer Ramos

For Office Use Only

DATE RECEIVED BY THE DISTRICT(mm/dd/yy):

**DISTRICT FIVE (5)-DAY RESPONSE DUE**(mm/dd/yy):

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

Forms may be mailed to Open Records Officer, Allentown School District, 31 S. Penn St., Allentown, PA 18102; faxed to (484) 765-4025; or e-mailed to <a href="mailed-eng-needed-allentownsd.org">openrecords@allentownsd.org</a>. Please attach a completed form.