Ephrata 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

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

<table>
<thead>
<tr>
<th>Print Name: Last</th>
<th>First</th>
<th>Middle Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address (Street Name and Number)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
</tr>
<tr>
<td>Telephone Number (Optional)</td>
<td>E-Mail Address (Optional)</td>
<td></td>
</tr>
<tr>
<td>Date (Month/Day/Year)</td>
<td>Requester’s Signature</td>
<td></td>
</tr>
</tbody>
</table>

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.

- □ Inspection of Documents
- □ Copy Documents
  (___ $ charge per page)
- □ Certified Copies of Documents
  ($___ flat fee plus ___¢ per page)

Written Request Submitted

- □ In Person
- □ By Mail
- □ By Facsimile at __________
- □ By E-mail at: ____________________________

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 □ Fax □ 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 _____________________________.

Revised 12/10/2008