

OXFORD AREA SCHOOL DISTRICT
Right-to-Know Request Form

PLEASE READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM. THE STATE OFFICE OF OPEN RECORDS FORM MAY BE USED AS AN ALTERNATIVE 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. § 67.202 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.

Print Name: Last	First	Middle Initial
Address (Street Name and Number)		
City	State	Zip Code
Telephone Number (Optional)	Email 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 Record(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
(25¢ charge per page)
- Certified Copies of Documents
(\$1.00 flat fee plus 25¢ per page)

Written Request Submitted

- In Person
- By Mail
- By Facsimile at _____
- By Email 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 Email 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 REQUESTER. THIS FORM AND ANY ATTACHMENTS MUST BE FILED WITH THE BUSINESS OFFICE.