



Dauphin County Technical School Right-To-Know Request Form

Please READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM. A PROPERLY COMPLETED FORM SUBMITTED TO THE SCHOOL WILL BE CONSIDERED A WRITTEN REQUEST FOR PURPOSES OF THE RIGHT- TO-KNOW ACT, 66 P.S. § 66.1 et. seq.

Section 1 – Requester Information – To be completed and signed by the Requestor at the time submitted to the School

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

Section 2 - Description of Document(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

Written Request Submitted

Copy Documents
(25 cents charge per page)

In Person

By Mail

Certified Copies of Documents
(\$5.00 flat fee plus 25 cents per page)

By Facsimile at _____

By E-mail at:

Section 4 – OFFICE USE ONLY. To be completed by authorized School personnel for each written request.

[If request not made on school form, attach request.]

WRITTEN REQUEST TRANSMITTED: In Person Fax E-mail Other _____

WRITTEN REQUEST RECEIVED: _____
Date (Month/Day/Year) Time (AM/PM) Initials

SCHOOL 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 TO THE REQUESTER.