

NORTHERN LEBANON SCHOOL DISTRICT

RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: _____

REQUEST SUBMITTED BY: E-MAIL U.S. MAIL FAX IN-PERSON

NAME OF REQUESTOR: _____

STREET ADDRESS: _____

CITY/STATE/COUNTY (Required): _____

TELEPHONE (Optional): _____

I CERTIFY THAT I AM A UNITED STATES RESIDENT.

RECORDS REQUESTED

Provide as much specific detail as possible so the agency can identify the information.

DO YOU WANT COPIES? YES or NO

DO YOU WANT TO INSPECT THE RECORDS? YES or NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES or NO

| | | |
|------|-------------------------------|-----------------------------------|
| Fee: | Copies (8.5x11 or 8.5x14) b&w | <u>\$.25 per copy/side</u> |
| | Facsimile Transmissions | <u>Actual cost</u> |
| | Postage | <u>Actual cost of postal fees</u> |

(Agency Use Only)

RIGHT-TO-KNOW OFFICER: Leanne S. Martin

DATE RECEIVED BY THE AGENCY: _____