

Halifax 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. **In accordance with the Right-to-Know Law, the Requester MUST be a legal resident of the United States.**

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)	E-Mail Address (Optional)	
Date (Month/Day/Year)	Requester’s Signature	

Section 2 – Description of Records(s) Requested – To be Completed by the Requester -
Attach additional pages if necessary. This form and any attachments must be filed with the open records officer.

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)

Written Request Submitted

- In Person
- By Mail
- By Facsimile at 717-896-3976
- By E-mail at:
recquest@hasd.us

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. .