



QUAKERTOWN COMMUNITY SCHOOL DISTRICT  
RIGHT-TO-KNOW INFORMATION REQUEST FORM

NAME: \_\_\_\_\_  
Last First Date of Request  
ADDRESS: \_\_\_\_\_  
Street  
\_\_\_\_\_ City State Zip

REQUEST SUBMITTED BY: EMAIL US MAIL FAX IN PERSON

PHONE: (\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

\*Records Requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* Provide as much specific detail as possible so the school district can identify the information

**FEE SCHEDULE:**  
The district will charge the following fees when a requester seeks to obtain a copy and for conversion of an electronic record to paper:  
Printing copy of non-paper record: \$0.25/sheet  
Photocopying: \$0.25/sheet  
Certified Record: \$1 per record. Does not include notarization fees.  
Postage: Fees for postage may not exceed the actual cost of mailing  
  
Note: The total sum owed shall be paid before the public record is given to the requestor.

I, the requestor, certify that I am a citizen of the United States of America.

\_\_\_\_\_  
Signature of person making request

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

RIGHT TO KNOW OFFICER:  
DATE RECEIVED BY THE AGENCY:  
AGENCY FIVE (5) DAY RESPONSE DUE:

*\*\*An anonymous verbal or written request may be filled. However, if the requestor wishes to pursue the relief and remedies provided for in this Act, the request must be in writing. (Section 702.) Written requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law. (Section 703.)*