

**ATHENS AREA SCHOOL DISTRICT
ADMINISTRATION OFFICE
100 CANAL STREET
ATHENS, PENNSYLVANIA 18810**

RIGHT TO KNOW WRITTEN REQUEST FORM

TO: Ms. Nancy Russell
Athens Area School District
100 Canal Street
Athens, PA 18810

Date Request Submitted: _____

REQUEST SUBMITTED BY:

___ Email to: nrussell@athensasd.org
___ Fax to: (570) 882-6250
___ In Person
___ By U.S. Postal Mail

Notice: Employees are directed to promptly forward requests for public records to the open-records officer:

NAME AND ADDRESS TO WHICH AGENCY'S RESPONSE SHOULD BE ADDRESSED:

_____ Telephone Number: (optional)
Email Address: (optional)

(Provision of your telephone number and/or e-mail address will assist the agency in clarifying your request and could expedite the response)

RECORDS REQUESTED: (Provide as much specific detail as possible so the agency can identify records containing the information you are seeking and fully respond) (Attach additional sheets as needed)

DO YOU WANT TO INSPECT THE RECORDS?

DO YOU WANT COPIES OF THE RECORDS?

DO YOU WANT CERTIFIED COPIES OF RECORDS?

IF YOU HAVE REQUESTED COPIES, WHAT MEDIUM DO YOU PREFER?

(paper available at this time only)

PLEASE CIRCLE:

YES OR NO

YES OR NO

YES OR NO

YES OR NO

NOTE: Pursuant to the agency's fee schedule, fees may be required in connection with your request

**If a requester wishes to pursue relief or remedies provided for in the Right-to-Know Act, the request for access to records must be in writing, addressed to the designated open records officer, include a name and address for the agency response and identify or describe records with sufficient specificity to enable the agency to ascertain what records are requested. Section 702-703, Right-to-Know law.*

Office use only: Date of receipt of written request _____

Date five business day initial response period expires _____