



SALISBURY TOWNSHIP SCHOOL DISTRICT

Administration Building
1140 Salisbury Road
Allentown, PA 18103

Salisbury...Inspire, Think, Learn, Grow...Together!

Office of the Superintendent
610-797-2062, ext. 1002
FAX 610-791-9983

Right-to-Know Request Form

All fields must be completed, unless otherwise noted. Failure to provide sufficient information may lead to a delay or denial to the request. Interim requests for more information by the agency do not constitute denials for the purposes of the Right to Know Law.

All requests MUST be addressed to the Right to Know Officer:

**Superintendent
Open Records Officer
Salisbury Township School District
1140 Salisbury Road, Allentown, PA 18103
Fax:610-791-9983
superintendent@stsd.org**

All requests will be processed on the next full business day from the date this Request is received by the Open Records Officer.

1. **DATE REQUESTED:** _____
2. **REQUEST MADE :** E-MAIL U.S. MAIL FACSIMILE IN-PERSON
ADDRESS: _____

- TELEPHONE:** _____
- E-MAIL:** _____
4. **RECORDS REQUESTED:** *(Provide as much specific detail as possible so the agency can identify the information. The agency reserves the right to provide either the specific or similar documents which fulfill the request made by this Right to Know Request. You may attach an additional page, as needed.)*
5. **COPIES WILL BE MAILED, UNLESS OTHERWISE SPECIFIED:** YES
 NO, I WANT ONLY TO INSPECT THE DOCUMENTS OR
 NO, I WANT THE DOCUMENTS E-MAILED TO ME AT THE FOLLOWING ADDRESS: _____

(Inspections must be arranged at a mutually convenient time between the Requestor and the agency. E-mailed documents may not be available, unless the document itself is currently retained in electronic form.)

**6. DO YOU WANT
CERTIFIED
COPIES?**

- YES (There may be an additional charge for certified copies.)
 NO

**7. AGREEMENT
ON FEES:**

Copying and reproduction fees are charged in most instances, in accord with the Open Records Act. Charges may be demanded by the agency before the documents are prepared for delivery.

I understand this fee structure, and I agree to abide by this provision. I further acknowledge that I am not submitting this Request for the purposes of harassment or disruption of the agency. I understand that multiple requests submitted solely for the purposes of disruption to the agency may be subject to denial, and that failure to pay for requested documents may impact my ability to request documents in the future.

Signature:

PLEASE REMIT THIS REQUEST TO THE OPEN RECORDS OFFICER, AS PROVIDED ABOVE, AND RETAIN A COPY FOR YOUR RECORDS.

FOR OFFICE USE ONLY

Received by: _____

Date Received: _____

Date Received by ORO: _____

Date Due for Response: _____