

**SOUDERTON AREA SCHOOL DISTRICT  
760 LOWER ROAD  
SOUDERTON, PA 18964  
PHONE: 215-723-6061  
FAX: 215-723-8897**

**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):** \_\_\_\_\_

**RECORDS REQUESTED:** *\*Provide as much specific detail as possible so the agency can identify the information.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO YOU WANT COPIES?** (\$ .25 per page) \_\_\_\_\_ YES \_\_\_\_\_ NO  
(Check yes or no)  
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**DO YOU WANT TO INSPECT THE RECORDS?** \_\_\_\_\_ YES \_\_\_\_\_ NO  
(Check yes or no)

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**RIGHT TO KNOW OFFICER:** Frank Gallagher  
**DATE RECEIVED BY THE AGENCY:** \_\_\_\_\_  
**AGENCY FIVE (5)-DAY RESPONSE DUE:** \_\_\_\_\_  
**ASSIGNED TO:** \_\_\_\_\_

**PICKED UP/MAILED TO REQUESTER:** \_\_\_\_\_

*\*\*Public bodies may fill anonymous verbal or written requests. 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.)*