

**OPEN RECORDS RIGHT-TO-KNOW
REQUEST FORM**

If requesting information under the provisions of the Right To Know Law, this form must be completed and submitted to the Connellsville Area School District Open Record's Officer. This completed request can be submitted in the following manner:

In person or by mail: Karen L. Marko, Open Record's Officer
Connellsville Area School District
P. O. Box 861, 732 Rockridge Road
Connellsville, PA 15425

Fax: Attention: Open Record's Officer
(724)-628-9002

E-mail: OpenRecordsOfficer@casdfalcons.org

REQUESTOR INFORMATION

Date of Request: _____

Name of Requestor: _____

Street Address: _____

City/State/County (required): _____

Telephone: _____

Records Requested (Please provide as much specific detail as possible so the information can be identified):

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

For Open Record's Officer use only: Date received: _____
Agency five (5) day response due: _____
Approved/Denied: _____ Date: _____
