

Pennsylvania Training and Technical Assistance Network
Pennsylvania Department of Education

RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: _____

REQUEST SUBMITTED BY: E-MAIL U.S. MAIL FAX IN-PERSON

NAME OF REQUESTOR (Optional): _____

STREET ADDRESS (Optional): _____

CITY/STATE/COUNTY (Required): _____

TELEPHONE (Optional): _____

RECORDS REQUESTED: Malvern Harrisburg Pittsburgh

Provide as much specific detail as possible so the agency can identify the information.

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

[] I CERTIFY THAT I AM A UNITED STATES RESIDENT.

Signature (Optional): _____

RIGHT TO KNOW OFFICER: Brian D. Barnhart, Ed.D,

DATE RECEIVED BY THE AGENCY: _____