

NEW CASTLE AREA SCHOOL DISTRICT

STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: _____

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

NAME OF REQUESTOR: _____

ADDRESS (Required): _____

TELEPHONE/EMAIL (Optional): _____

RECORDS REQUESTED (Provide as much specific detail as possible so the district 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

DISTRICT’S RIGHT-TO-KNOW OFFICER: New Castle Area School District Superintendent

DATE RECEIVED BY THE SCHOOL DISTRICT: _____

DISTRICT’S (5)-DAY RESPONSE DUE: _____

****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)**

“NCASD... We’re making a difference in the lives of our students”