



Phoenixville Area School District

STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED:

REQUEST SUBMITTED BY (please circle): E-MAIL U.S. MAIL FAX IN-PERSON

NAME OF REQUESTOR: _____

STREET ADDRESS: _____

CITY/STATE/ZIP CODE: _____

COUNTY(Required): _____

TELEPHONE (Optional): _____

EMAIL: _____

RECORDS REQUESTED:

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

DO YOU WANT COPIES? YES or NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES or NO

DO YOU WANT TO INSPECT THE RECORDS? YES or NO

RIGHT TO KNOW OFFICER:

Stanley L. Johnson, Executive Director of Operations

Phoenixville Area School District

386 City Line Avenue, Phoenixville, PA 19460

(484) 927-5000

(610) 933-3189 (Fax)

RightToKnow@pasd.k12.pa.us

DATE RECEIVED BY THE AGENCY:

Right to Know Officer:

Date Received:

Five (5) Days Response Due: