



RIGHT-TO-KNOW REQUEST FORM

Directions: Please complete the required information below and return to
Mr. Michael Gogoj, Assistant Superintendent - Right To Know Officer
Carlisle Area School District
540 West North Street
Carlisle, PA 17013

Completed forms may also be faxed to 717-240-6898.

Date requested

Request submitted by: E-mail U.S. Mail Fax In-Person

Name of Requestor

Street Address

City

State

Zip

County (required)

Telephone (Optional)

Email

Records Requested (Please provide as much specific detail as possible.)

Do you want copies? Yes No

Do you want certified copies of records on site? Yes No

Do you want to inspect the records? Yes No

Please see Board Policy 801 for full details of Open Records Policy.

****PLEASE NOTE: RETAIN A COPY OF THIS REQUEST FOR YOUR FILES****

****IT IS A REQUIRED DOCUMENT IF YOU WOULD NEED TO FILE AN APPEAL****

OFFICE USE ONLY

Date received

Agency five (5) day response due by

Additional comments

HERD STRONG