



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 Yes No

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES or NO Yes No

DO YOU WANT TO INSPECT THE RECORDS? YES or NO Yes No

RIGHT TO KNOW OFFICER:

Business Manager
Phoenixville Area School District
386 City Line Avenue, Phoenixville, PA 19460
(484) 927-5000
(610) 933-3189 (Fax)
RightToKnow@pasd.com

DATE RECEIVED BY THE AGENCY:

Right to Know Officer:

Date Received:

Five (5) Days Response Due: