

Bellefonte Area School District

318 North Allegheny Street Bellefonte, PA 16823 Telephone: (814) 355-4814

Mrs. Tammie L. Burnaford, Superintendent Dr. Kristopher Vancas, Assistant Superintendent Mr. Kenneth G. Bean, Jr., CMA, Director of Fiscal Affairs

STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: REQUEST SUBMITTED BY: E-MAIL U	J.S. MAIL	FAX	IN PERSON
NAME OF REQUESTOR :			
STREET ADDRESS :			
CITY/STATE/COUNTY (Required):			
TELEPHONE (Optional):			
RECORDS REQUESTED: *Provide as much specific detail as no	ssible so th	e 20ei	ncy can identify the information

*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

RIGHT TO KNOW OFFICER: Mr. Kenneth Bean Jr., Bellefonte Area School District

DATE RECEIVED BY THE AGENCY: AGENCY FIVE (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).