CENTRAL DAUPHIN SCHOOL DISTRICT

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Fax: (717) 657-4999

openrecordsofficer@cdschools.org



Aaron K. McConnell, MBA, CPA Open Records Officer

Standard Right-To-Know Law Request Form

Date Requested:		Submitted By: $_$	Email	U.S. Mail	Fax	In Person
Name of Requestor:						
Company (if applicable):						
Mailing Address:			City	/:		
State:	Zip:	Er	mail:			
Telephone:		Fax:				
Records Requested: Provide of	as much specific de	tail as possible so the	agency can ide	entify the record(s).		
DO YOU WANT COPIES?	YES	NO ELECTRON	NIC COPIES (i	f available) _	YES	NO
DO YOU WANT CERTIFIED CO	OPIES?YE	SNO				
DO YOU WANT TO INSPECT T	HE RECORDS? _	YES	_NO			
RTKL requests may require payr	nent or prepayme	nt of fees. See the	<u>Open Record</u>	<u>s Fee Schedule</u> fo	or more dei	^t ails .
	ITEMS BELOW T	HIS LINE FOR AGE	NCY USE ON	LY		
Data Danaissada						
Date Received:						
Date Response Due:						
Cost to Requester: \$						
Appropriate third parties	notified and giver	n an opportunity to	object to the	release of reque	sted record	ds.