

# CENTRAL DAUPHIN SCHOOL DISTRICT

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Karen L. McConnell, MBA, CPA  
Open Records Officer

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## STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: \_\_\_\_\_

REQUEST SUBMITTED BY:      E-MAIL      U.S. MAIL      FAX      IN-PERSON

NAME OF REQUESTOR: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY/STATE/COUNTY: \_\_\_\_\_

TELEPHONE (OPTIONAL): \_\_\_\_\_

### 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 TO INSPECT THE RECORDS?    YES or NO

DO YOU WANT CERTIFIED COPIES OF RECORDS?    YES or NO

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### For Agency Use Only

DATE RECEIVED BY THE AGENCY: \_\_\_\_\_

DATE RESPONSE DUE BY AGENCY: \_\_\_\_\_