

Wyoming Area School District

STANDARD RIGHT-TO-KNOW REQUEST FORM

Date Requested: \_\_\_\_\_

Request submitted by:      Email              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.  
(Attach a separate sheet if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you want copies?                      YES [ ]      NO [ ]

Do you want to inspect the records?      YES [ ]      NO [ ]

Do you want certified copies of records?      YES [ ]      NO [ ]

I agree that my name can appear and will be read with this Right to Know Request on the Wyoming Area Board of Education's Public Agenda in the Communications Report.

I would like my name removed from the listing of this Right to Know Request on the Wyoming Area Board of Education's Public Agenda in the Communications Report.

**RIGHT TO KNOW OFFICER:**

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)**