

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 (Required): _____

TELEPHONE (Optional): _____

RECORDS REQUESTED:

**Provide as much specific detail as possible so the agency can identify the information.*

DO YOU WANT COPIES? YES NO

DO YOU WANT TO INSPECT THE RECORDS YES NO

OPEN RECORDS OFFICER CONTACT INFORMATION:

MaryAnne Lupinetti
Eastern Westmoreland Career and Technology Center
4904 Rte 982
Latrobe, PA 15650
724-539-9788 x305
mlupinetti@wiu.k12.pa.us

COMMONWEALTH OF PA OFFICE OF OPEN RECORDS

Commonwealth of Pennsylvania
Office of Open Records
Commonwealth Keystone Building
400 North Street, 4th Floor
Harrisburg, PA 17120-0225
PHONE: 717-346-9903
FAX: 717-425-5343
WEBSITE: <http://openrecords.state.pa.us>
EMAIL: openrecords@state.pa.us

NOTE: The state Office of Open Records form may also be used