№ 801-

EAST STROUDSBURG AREA SCHOOL DISTRICT PO Box 298, East Stroudsburg, PA 18301 • FAX 570-424-7846 • publicrecords@esasd.net

PLEASE READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM. A PROPERLY COMPLETED FORM SUBMITTED TO THE SCHOOL DISTRICT WILL BE CONSIDERED A WRITTEN REQUEST FOR PURPOSES OF THE RIGHT-TO-KNOW LAW, 65 P.S.§ 67.101 et seq

Section 1 – Requester Information – To be completed and signed by the Requester at the time submitted to the School District's Open Records Officer.				
Print Name: Last		Submitted to the Scr First	Middle Initial	icer.
ddress (Street Name and Number)				
City	State		Zip Code	
elephone Number (Optional)	E-Mail Addre	ss (Optional)		
отъргана на постания		() ()		
Date (Month/Day/Year)	Requester's S	Requester's Signature		
he Right-to-Know Law prov	vides the Reque	ster Must Be a Leg	al Resident of the United S	tates.
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Section 2 – Description ttach additional pages if necess		i) Requestea – T	о ве Сотрієтеа ву тіе нес	quester
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Section 3 – Inspection,	Copying or C	ertified Copy of	Public Records	
		ster - Please check ea	ch box applicable to your reque	st.
Inspection of Documents		,	Written Request Submitted	
Copy Documents			□ In Person	
(25 ¢ charge per page)			□ By Mail□ By Facsimile at	
□ Certified Copies of Documents			□ By Facsimile at □ By E-mail at:	
(\$1.00 per record)				
Section 4 - OFFICE US	E ONLY. To be	completed by the Sch	ool District's Open Records Offi	cer for
ach written request. [If request	not made on distric	t form, attach request.		
WRITTEN REQUEST TRANS	MITTED: 🗆 In pe	erson 🗆 Fax 🗀 E-r	nail 🗆 Other	
	•	erson 🗆 Fax 🗀 E-r	nail □ Other	
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	/FD·	erson □ Fax □ E-r	nail □ Other Time (AM/PM)	
VRITTEN REQUEST RECEIV	VED:	lonth/Day/Year)	Time (AM/PM)	
VRITTEN REQUEST RECEIVECTORS	VED:	lonth/Day/Year) t Granted □ Denie	Time (AM/PM) d □ Exception Applied	
VRITTEN REQUEST RECEIVED OF SCHOOL DISTRICT RESPON	VED:	lonth/Day/Year)	Time (AM/PM) d □ Exception Applied	
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WRITTEN REQUEST TRANS WRITTEN REQUEST RECEIVE SCHOOL DISTRICT RESPON Completed: Date (I COPIES REQUESTED: Y Date (Month/Day/Year) ATTACH TO THIS FORM A COPY(S	VED:	Ionth/Day/Year) t Granted □ Denie Time (AM/Pt Total Fee: Initials	Time (AM/PM) d □ Exception Applied M) Initials Collected: □ Yes □ No	Initial