NASD
NORRISTOWN AREA SCHOOL DISTRICT
PATHS to Excellence

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 or NO

DO YOU WANT TO INSPECT THE RECORDS? YES or NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES or NO

Form should be submitted to: **Open Records Officer**
401 N. Whitehall Road
Norristown, PA 19403

To Be Completed by NASD Staff Only:

DATE RECEIVED:

AGENCY FIVE (5) - DAY RESPONSE DUE: