



Parkland Right to Know/Open Records Request Form

Requestor's Name (please print): _____

Date of Request: _____

Request Submitted by: E-MAIL U.S. MAIL FAX IN-PERSON

Requestor's Address (where the information should be sent, once completed):

Address (Required): _____

City (Required): _____ State: _____ Zip Code: _____

Phone Number (Optional): _____

Information being requested (Please be specific):

Do You Want Copies? Yes Or No

Do You Want To Inspect The Records? Yes Or No

Requester's Signature: _____

Forms may be mailed or emailed as an attachment to Mr. John Vignone, Open Records/Right to Know Officer, Parkland School District, 1210 Springhouse Road, Allentown, PA 18104 or faxed to (610) 351-5528.

(Please do not write below this line.)

Right To Know Officer: Mr. John Vignone

Date Received By PSD: _____

PSD Five (5)-Day Response Due: _____