

**Pennsylvania Leadership Charter School
Right-To-Know Request Form**

DATE OF REQUEST: _____

NAME AND ADDRESS OF REQUESTER:

TELEPHONE #: _____ E-MAIL: _____

RECORDS REQUESTED (Please provide as much specific detail as possible):

Do you want to inspect the record(s)? YES or NO

Do you want copies of the record(s)? YES or NO

Do you want certified copies of the record(s)? YES or NO

Requester's Signature

Office Use Only

Date Received by Open Records Officer: _____

Five Day Action Response Due: _____

Five Day Response Issued: _____

Open Records Officer Signature

Please submit form to: Pennsylvania Leadership Charter School
1332 Enterprise Drive
West Chester, PA 19380
Attn: Zealan Turner, Open Records Officer