HERMITAGE SCHOOL DISTRICT

STANDARD RIGHT-TO-KNOW REQUEST FORM

Date Requested:

Request Received by: E-mail US Mail Telephone Fax In-Person

If requested by phone, date form mailed to the requester:

Person Requesting Information:

Street Address:

City/State/Zip/County

Telephone:

Records Requested (provide as much specific detail as possible):

Do you wish to inspect the records: Yes No

Number of Copies Requested:

Do you wish to receive copies in person? Yes No

If no, copies should be mailed to:

Do you wish to receive certified copies of records? Yes No

District five (5)-day response due:

For Internal Use Only

Date Received in Office

Date Copies were Picked-up/Mailed