

ADMINISTRATIVE REGULATION

SECTION: OPERATIONS

TITLE: PUBLIC RECORDS -- REQUEST FOR PUBLIC RECORDS FORM

EFFECTIVE: JANUARY 1, 2009

REVISED:

SPRING COVE SCHOOL DISTRICT

801-R-5 PUBLIC RECORDS -- REQUEST FOR PUBLIC RECORDS FORM

PLEASE PRINT

Date of Request: Requester's Name: Street Address: City/State/Zip Code: County: Daytime Phone: E-Mail Address:

Records Requested: (Provide as much specific detail as possible to help identify the information.)

Blank lines for providing record details.

Do you want copies? Do you want an electronic version, if available? Do you want to inspect the records? Do you want certified copies of the records?

Submit completed request form to: Mr. John Clark, Open Records Officer Spring Cove School District 1100 E. Main Street Roaring Spring, PA 16673 Phone -- 814-224-5124 Fax -- 814-224-5516 jclark@scsd.k12pen.com

If desired, you may use the State's Office of Open Records form located at: http://openrecords.state.pa.us

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**Disposition (For School District Use Only)**

Request was received by: \_\_\_\_\_ US Mail \_\_\_\_\_ In Person \_\_\_\_\_ E-Mail \_\_\_\_\_ Fax

Date Received in District Office (Date stamp letter): \_\_\_\_\_ Initials: \_\_\_\_\_

Date Copy Given to Superintendent: \_\_\_\_\_ Initials \_\_\_\_\_

Date Response Due: \_\_\_\_\_ Initials: \_\_\_\_\_

10-Day Extension Required -- New Date Response Due: \_\_\_\_\_ Initials: \_\_\_\_\_

10-Day Extension Required -- Date Letter Sent: \_\_\_\_\_ Initials: \_\_\_\_\_

Request Granted--Date Letter and/or Records Mailed to Requester: \_\_\_\_\_ Initials: \_\_\_\_\_

Request Partially Denied -- Date Letter Mailed to Requester: \_\_\_\_\_ Initials: \_\_\_\_\_

Request Denied -- Date Letter Mailed to Requester: \_\_\_\_\_ Initials: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Payment Status (For School District Use Only)**

Record Provided	Fees Due	Amount Received

\_\_\_\_\_  
**Signature of Open Records Officer**

\_\_\_\_\_  
**Date**