TREDYFFRIN/EASTTOWN SCHOOL DISTRICT West Valley Business Center 940 West Valley Road, Suite 1700 Wayne, PA 19087 (610) 240-1900

WRITTEN REQUEST FOR ACCESS TO SCHOOL DISTRICT RECORDS

DATE REQUESTED:					
REQUEST SUBMITTED BY:	E-MAIL	U.S. MAIL	FAX	IN-PERSON	
NAME OF REQUESTOR:					
STREET ADDRESS:					
CITY/STATE/COUNTY (Require	TREQUESTOR:ADDRESS:ADDRESS:ATE/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	
RIGHT TO KNOW OFFICER:		
DATE RECEIVED BY THE AGENCY:		
AGENCY FIVE (5)-DAY RESPONSE DUE:		

**Public bodies may fill anonymous verbal or written requests. If the requestor wishes to pursue the relief and remedies provided for in this Act, the request must be in writing. (Section 702.) Written requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law. (Section 703.)

OPTIONAL:

Providing the additional information below may assist the School District in responding to your request without need for further clarification.

MEDIUM REQUESTED FOR RELEASE: PAPER ELECTRONIC OTHER

RESPONSE TO WRITTEN REQUEST

Duit	e of Response (Within 5 days of date of request)
Date	e request was granted
OR	
Date	e form with Section III completed sent to requestor
spac	s for Review (Circle all applicable reasons and fill in additional information in be provided)
I.	Request requires redaction of public record
2.	Request for access requires retrieval of record stored in remote location (identify location)
3.	Timely response cannot be made due to bona fide and specified staffing limitation (state specific staffing limitations)
	Legal review required to determine whether record is a public record
4.	

7. The extent or nature of the request precludes a response within the required time

period.

Basis for De	nial of Request
Request den	ied by:
Name	
Title	
Business Te	lephone Number:
Business Ad	ldress:
Date of Den	ial:
Specific reas	sons for denial including citation of supporting legal authority

Signature of Opens Records Officer

V. Appeal

If requestor chooses to appeal denial of access, the requestor may appeal to the State's Office of Open Records by filing exceptions within fifteen business days of the mailing date of the date set forth in IV or within fifteen business days of deemed denial. The exceptions shall state grounds upon which the requestor asserts that the record is a public record and shall address any grounds stated by the School District for delaying or denying the request.

Signature of Opens Records Officer