

## CARLISLE AREA SCHOOL DISTRICT

Dr. Colleen Friend, Assistant Superintendent  
540 West North Street • Carlisle, PA • 17013  
phone: 717-240-6800 fax: 717-240-6898 www.carliseschools.org

### RIGHT-TO-KNOW REQUEST FORM

Directions: Please complete the required information below and return to  
Dr. Colleen Friend, Assistant Superintendent - Right To Know Officer  
Carlisle Area School District,  
540 West North Street, Carlisle, PA 17013

Completed forms may also be faxed to 717-240-6898.

Date requested

Request submitted by: ☐ E-mail ☐ U.S. Mail ☐ Fax ☐ In-Person

Name of Requestor

Street Address

City State Zip County (required)

Telephone (Optional) Email

Records Requested (Please provide as much specific detail as possible.)

Do you want copies? ☐ Yes ☐ No

Do you want certified copies of records on site? ☐ Yes ☐ No

Do you want to inspect the records? ☐ Yes ☐ No

*Please see Board Policy 801 for full details of Open Records Policy.*

**\*\*PLEASE NOTE: RETAIN A COPY OF THIS REQUEST FOR YOUR FILES\*\***

**\*\*IT IS A REQUIRED DOCUMENT IF YOU WOULD NEED TO FILE AN APPEAL\*\***

### OFFICE USE ONLY

Date received

Agency five (5) day response due by

Additional  
comments