



CARLISLE AREA SCHOOL DISTRICT

Dr. Colleen M. Friend, 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
Mr. Michael Gogoj, 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