

# North Star Star School District Right-to-Know (RTK) Request Form

**TO: Mrs. Diana L. Duvall, RTK/Open Records Officer**  
**1200 Morris Avenue**  
**Boswell, PA 15531**

**Phone: 814-629-1114**  
**Fax: 814-629-1115**  
**Email: rtk@nscougars.com**

**Section 1 – Requester Information:** (To be completed by requester and submitted to District RTK Officer.)

Name of Requester:		Date
Address:		
City	State	Zip Code
*Telephone Number (Optional)	*Fax Number (Optional)	*E-Mail Address (Optional)

\*Providing your telephone number, fax number, and/or e-mail address will assist the District in clarifying your request and could expedite the response.

**Section 2 – Description of Record(s) Requested:** (Please provide specific information so that we can identify and locate the records and respond accordingly. Attach additional sheets as needed.)


**Section 3 - Identify the medium in which you would like your response to the requested records.**

- I want to inspect the records.
- I want a copy of the documents.
- I want a certified copy of the documents.
- I want a computer-readable copy of the documents

(Fees in accordance with those established by the PA Office of Open Records will be imposed.)

**Section 4 – OFFICE USE ONLY.**

WRITTEN REQUEST RECEIVED:     In Person     By Fax     By E-Mail     Other\_\_\_\_\_

WRITTEN REQUEST RECEIVED ON: \_\_\_\_\_  

Date
Time (AM/PM)
By: (Initials)

INITIAL RESPONSE BY AGENCY IS DUE WITHIN 5 BUSINESS DAYS: \_\_\_\_\_  
Date due

SCHOOL DISTRICT RESPONSE:    Request Granted     Request Denied     30 Day Extension requested \_\_\_\_\_  
Date due

RECORDS REQUEST COMPLETED: \_\_\_\_\_  

Date
Time (AM/PM)
Initials

COPIES REQUESTED:    Yes     No    TOTAL FEE COLLECTED \$\_\_\_\_\_ BY: \_\_\_\_\_ DATE: \_\_\_\_\_