

REQUEST FOR ACCESS TO PUBLIC RECORDS

Date: _____

Name: _____

Company Name/Job Title: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Proof of PA Residency: (Driver's License, etc.) _____

RECORDS REQUESTED:

Title of Record(s): _____

Date(s) of Record(s): _____

Please describe below the record(s) you are requesting and any additional information that will help us locate them for you as quickly as possible.

All requests for records and information shall be responded to within a reasonable time period. If the records and information cannot be located in time to make a response within five (5) working days of this request, the requesting party shall be promptly advised. All requests shall be in writing and sent by mail, fax 814-536-8902, or dropped off in person to Conemaugh Valley School District, Attn: Dr. David Lehman, Superintendent, 1340 William Penn Ave., Johnstown, PA 15906. We do not respond to oral requests or anonymous requests for records.

For Official Use Only:

Name of person handling request: _____

Number of Copies: _____

*Charge of 25¢ per page copied (i.e. – one-sided is one copy, two-sided is two copies)