RIGHT-TO-KNOW REQUEST FORM

PLEASE NOTE: THIS FORM MAY NOT BE USED TO REQUEST A TRANSCRIPT.

DATE REQUESTED: __________________________________________________________

REQUEST SUBMITTED BY:
[ ] E-MAIL [ ] U.S. MAIL [ ] FAX [ ] IN-PERSON

NAME OF REQUESTOR: _______________________________________________________

STREET ADDRESS: __________________________________________________________

CITY, STATE, COUNTY AND ZIP (Required): ________________________________

TELEPHONE (Optional): ______________________________________________________

EMAIL (Optional): __________________________________________________________

RECORDS REQUESTED:
*Provide as much specific detail as possible so the agency can identify the information.

DO YOU WANT COPIES? [ ] YES [ ] NO
DO YOU WANT TO INSPECT THE RECORDS? [ ] YES [ ] NO
DO YOU WANT CERTIFIED COPIES OF RECORDS? [ ] YES [ ] NO

Please complete and submit this form to the Right-To-Know Officer:
Linnie S. Carter, Ph.D., APR
Vice President of College Advancement, HACC, Central Pennsylvania’s Community College
Executive Director, HACC Foundation
Email: righttoknow@hacc.edu
Fax: 717-231-7670
Telephone: 717-780-2321

DATE RECEIVED BY THE AGENCY: __________________________________________
AGENCY FIVE (5)-DAY RESPONSE DUE: ______________________________________

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.)

04/03/14