



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.)