

**UPPER DARBY SCHOOL DISTRICT**  
**STANDARD RIGHT-TO-KNOW REQUEST FORM**

**DATE REQUESTED:**

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

**NAME OF REQUESTER:**

**STREET ADDRESS:**

**CITY/STATE/COUNTY(Required):**

**TELEPHONE (Optional):**

**RECORDS REQUESTED:**

\*Please provide as much specific detail as possible.

<b>DO YOU WANT COPIES?</b>	<b>YES</b>	<b>NO</b>
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<b>DO YOU WANT TO INSPECT THE RECORDS?</b>	<b>YES</b>	<b>NO</b>
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<b>DO YOU WANT CERTIFIED COPIES OF RECORDS?</b>	<b>YES</b>	<b>NO</b>
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**OPEN RECORDS OFFICER:**    PATRICK A. GRANT

**DATE RECEIVED BY SCHOOL DISTRICT:**

**FIVE (5) DAY RESPONSE DUE:**