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: _________________________________________

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