Crawford Central School District

OFFICE OF BUSINESS MANAGER / BOARD SECRETARY / OPEN RECORDS

PUBLIC RECORD REQUEST FORM

Requester Name: _____________________________________________________________________

Requester Mailing Address: _____________________________________________________________________

Phone: (___) _____-__________   Email: __________________________________________________

Please identify or describe the records sought:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

(Please attach an additional sheet of paper if necessary)

Please note the format you would like the records to be in such as in

☐ Paper

☐ Electronic format  __________________________

(Records will be provided in the format requested, if it exists in that format; otherwise it will be provided in the format in which it exists.)

I am requesting that:

☐ The identified records be mailed to me at the address provide. I understand certain duplication and postage fees apply.

☐ The records be made available for inspection at the offices of the Crawford Central School District during regular business hours.

☐ The records be forwarded to me electronically.

☐ Certified copies of the records be made available to me. I understand that fees for providing certification of records apply.

Signature of Requester  Date Request Submitted _____________________________

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For Open-Records Officer Use Only

__________________________________________  ____________________________

Date of Receipt:  5 Day Response Date:

# 793408

Instructional Support Center at 11280 Mercer Pike in Meadville, PA 16335
(814) 724-3960 ~ Fax (814) 333-8731 ~ openrecords@craw.org