WARREN COUNTY SCHOOL DISTRICT

PUBLIC RECORD REQUEST FORM

Name:		**Date:**
Address:		
City:	**State:**	**Zip code:**
Phone #: ( )	**Fax #: ( )**	
Email Address:		

Description of Record Requested (Be specific)

(Use additional request form if more space is needed.)

Instructions:	**Please check the appropriate box**								
	Pick-up @ Central Office		Fax		U.S. Mail		Disk		Email

Requester's Signature:	**Date**

For Office Use Only:

	# of Copies:	@ $.25/page	Cost of:		# of Disks:	@$1.00	Fax:	@$.50/page	Certification:	@$5.00
Totals:			Postage							

Total Cost:

Date Request Received:

Signature of Record Custodian:

Date Information Sent to Requester:

Information Denied: (Reason/Legal Citation)	**Date of Notification of Denial:**

Photo copying	25 ¢	Computer disk/CD	$1
Facsimile	50 ¢	Electronic Transmission	No Fee
Certification	$5	If estimate exceeds $100, a deposit will be required.	

No documents will be released until all applicable fees are paid.

Submit form to:

Ruth A. Huck, Board Secretary
6820 Market Street
Russell, PA 16345
Email: huckr@wcsdpa.org