

PASSPORT ACADEMY CHARTER SCHOOL
RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: _____

NAME OF REQUESTOR: _____
(Last) (First) (MI)

MAILING ADDRESS: _____
(Street/P.O.Box)

(City) (State) (Zip Code)

TELEPHONE (Optional): _____

RECORDS REQUESTED:

* Provide as much specific detail as possible so Passport Academy can identify the records requested.

PLEASE CHECK ONE OF THE FOLLOWING:

- _____ I am only requesting access to the documents identified above.
- _____ I am only requesting a copy of the documents identified above.
- _____ I am requesting access to the documents identified above AND a copy of those documents.

If you are requesting a copy of the documents identified above, please check one of the following:

- _____ I want a paper copy of the documents.
- _____ I want a computer-readable copy of the documents (e.g., diskette or compact disk).
- _____ I want a certified copy of the requested records.

INTERNAL USE

REQUEST NO. _____

DATE RECEIVED _____