



DIVISION OF ADMINISTRATION AND FINANCE
Right-to-Know Information Request Form

Date Requested:

Request Submitted by:

E-mail

U.S. Mail

Fax

In Person

Name of Requester:

Street Address 1:

Street Address 2:

City:

State:

Zip Code:

Phone Number: (Optional)

E-mail Address: (Optional)

Records Requested:

** Provide as much specific detail as possible to allow Indiana University of Pennsylvania to determine the information requested.*

Do you want copies? YES or NO

Do you want to inspect the records? YES or NO

Do you want certified copies of records? YES or NO

Right-to-Know Officer: William Buttz

Phone: (724) 357-4844 **Fax:** (724) 357-3026

Date received by the agency:

Agency five (5) day response due:

*** Public bodies may fill anonymous verbal or written requests. If the requester wishes to pursue the relief and remedies provided for in this Act, the request must be in writing. (Section 702) Written requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law. (Section 703)*