

RIGHT-TO-KNOW INFORMATION REQUEST FORM

In order to fulfill the request for public records information, requesters are asked to complete this form and return it by mail, fax, or e-mail to:

David A. Volpe, M.S.
Vice President for Student Services
Pennsylvania Highlands Community College
101 Community College Way
Johnstown, PA 15904
Fax: 814 269-9745
E-mail: dvolpe@pennhighlands.edu

Standard Office Hours
Monday through Friday
8:00 a.m. – 4:00 p.m.

DATE REQUESTED: _____

REQUEST SUBMITTED BY: E-MAIL U.S. MAIL FAX IN-PERSON

NAME OF REQUESTER: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP CODE (REQUIRED): _____

TELEPHONE (OPTIONAL) _____ FAX (OPTIONAL) _____

RECORDS REQUESTED:

**Provide as much specific detail as possible so Pennsylvania Highlands Community College can identify 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

In compliance with the Right-to-Know law, requesters are responsible for postage and copying costs of materials, as appropriate to the medium in which the records are stored. Fees will be assessed for document redaction if required. All charges will be assessed to the requester at the time of delivery of the materials.

Requester's signature _____

Date _____