



# Radnor Township School District

135 S. Wayne Avenue  
Wayne, PA 19087-4117  
610.688.8100  
[www.rtsd.org](http://www.rtsd.org)

*Invest in Excellence*

## Right-to-Know Request Form

Anyone seeking access to or duplication of a public record must submit a written request, using the form below, addressed to the RTSD right-to-know officer, Mrs. Michelle A. Diekow. This request must identify or describe the public record with sufficient specificity to allow the district to determine which record is being requested, and must include the name and address to which the district should send its response.

Upon completing a right-to-know form, please submit it in one of the following manners:

**By e-mail:** Send, as a completed and signed scanned attachment, to the attention of Mrs. Michelle A. Diekow at [michelle.diekow@rtsd.org](mailto:michelle.diekow@rtsd.org). An email will not be considered submitted until a complete, accessible copy of that e-mail is received by the person to whom it is addressed.

**By regular mail:** Send to the attention of Mrs. Michelle A. Diekow at the district administrative offices at 135 S. Wayne Ave., Wayne, PA 19087.

**In person:** At the district business offices – 135 S. Wayne Ave., Wayne – on any business day during regular business hours.



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## Right-to-Know Request Form

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

Last Name

First Name

**Address:** \_\_\_\_\_

Street

City State Zip

**Phone:** \_\_\_\_\_

**Description of Request** (Send to Mrs. Michelle A. Diekow. See information sheet for details): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Form of Reply** (electronic or print copy, physical inspection, etc.) \_\_\_\_\_

### Fee schedule:

The district will charge the following fees when a requester seeks to obtain a copy and for conversion of an electronic record to paper:

Printing copy of non-paper record: \$0.25

Photocopying: \$0.25

Electronic copy of record: \$1 for disk

Physical inspection: No charge

Postage: Fees for postage may not exceed the actual cost of mailing.

Note: The total sum owed shall be paid before the public record is given to the requester.

\_\_\_\_\_  
Signature of person making request

### OFFICE USE

Date received: \_\_\_\_\_

Date information provided: \_\_\_\_\_

Date request denied (if applicable): \_\_\_\_\_

Reason for denial (if applicable): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_