



WEST CHESTER UNIVERSITY RIGHT-TO-KNOW REQUEST FORM

All requests to West Chester University under the Right-To-Know Law must be submitted in writing to:

Open Records Officer
Office of the Associate Vice President for Finance and Business Services
West Chester University of Pennsylvania
201 Carter Drive, Suite 200, Room 202
West Chester, PA 19383
Fax: 610-738-0314

Date Requested: [text box]

Name of Requestor: [text box]

Records Requested: (Provide as much specific detail as possible so that WCU can identify the information.)

Please use additional sheets if necessary

[Large empty box for records requested details]

How do you want to receive the response? [radio] E-Mail [radio] U.S. Mail [radio] FAX [radio] In-Person

Provide a telephone number where you can be reached if you are picking up the records in person. [text box]

Provide an e-mail address, USPS mailing address, or FAX number where you would like the records to be sent. [text box]

- Do You Want Copies? [radio] Yes [radio] No
Do You Want to Inspect the Records? [radio] Yes [radio] No
Do You Want Certified Copies? [radio] Yes [radio] No

** Please Note: Retain a copy of this request for your files. It is a required document if you would decide to file an appeal**