Lock Haven University

Standard Open Records Request Form

Date Requested _____

Request Submitted By E-Mail US Mail Fax In-Person

Name of Requester _____

Street Address _____

City/State/County _____

Telephone (optional) _____

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

_____

_____

_____

_____

_____

Do you want copies? Yes No

Do you want to inspect the records? Yes No

Open Records Officer

William T. Hanelly
302 Sullivan Hall
Lock Haven University
Lock Haven, PA 17745

Date Received By the Agency _____

Agency 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 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.)