RIGHT-TO-KNOW LAW

You have the right to request access to public records maintained by the Charter School of Excellence. Request for public records are to be made to the Open Records Officer. Requests may be oral or in writing and submitted to the person by mail, email or facsimile. Regulations, policies, and procedures are the Right-to-Know form is available from the Open Records Officer located at 1511 Peach Street, Erie, PA or online at www.charterschoolofexcellence.org

The Charter School of Excellence Open Records Officer may be contacted at:

Dr. Nick Viglione, Chief Executive Officer
The Charter School of Excellence
1511 Peach Street
Erie, PA 16501
Telephone: 814-480-5954
Fax: 814-454-9859
nviglione@perseushouse.org

The Pennsylvania Office of Open Records may be contacted at:

Commonwealth of PA
Office of Open Records
Commonwealth Keystone Building
400 North Street, 4th Floor
Harrisburg, PA 17120-0225
Telephone: 717-346-9903
Fax: 717-425-5343
General email: openrecords@pa.gov
OPEN RECORDS REQUEST FORM

Requester Name: ____________________________________________________________

Mailing Address: ____________________________________________________________

Phone: _______________________________ Email: ________________________________

Please identify or describe the records sought:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

(Please attach an additional sheet of paper if necessary)

Do you want copies:  YES  NO

Do you want to inspect the records?  YES  NO

Do you want certified copies of records?  YES  NO

Date of submitted request: ________________________________

Signature of Requester: ________________________________

For Open Records Officer

Date of Receipt: _________________  5 Day Response Date: _________________