COMMUNITY COLLEGE OF PHILADELPHIA
RIGHT-TO-KNOW REQUEST FORM

Send Request to Right to Know Officer
Community College of Philadelphia
1700 Spring Garden Street
Room M2-3
Philadelphia, PA 19130
Email: RTK@ccp.edu

DATE REQUESTED:

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

NAME OF REQUESTOR: ________________________________

STREET ADDRESS: ________________________________

CITY/STATE/COUNTY: ______________________________

E-MAIL ADDRESS: ______________________________

TELEPHONE (Optional): ______________________________

RECORDS REQUESTED:
*Provide as much specific detail as possible so the agency can identify the information.

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

RIGHT TO KNOW OFFICER:

DATE RECEIVED BY THE AGENCY:

AGENCY FIVE (5)-DAY RESPONSE DUE: