



**INDIANA UNIVERSITY OF PENNSYLVANIA**  
**DIVISION OF ADMINISTRATION AND FINANCE**  
**Right-to-Know Information Request Form**

Date Requested:

Request Submitted by:

E-mail

U.S. Mail

Fax

In Person

Name of Requester:

Company (If applicable):

Street Address 1:

Street Address 2:

City:

State:

Zip Code:

Phone Number:

E-mail Address:

How do you prefer to be contacted if the agency has questions?

Telephone

Email

U.S. Mail

**By checking this box, I affirm that my full name and contact information is true and correct, and that I am a legal resident of the United States. I understand that failure to check this box may result in the denial of my request and the dismissal of any appeal filed with the Office of Open Records.**

**Records Requested:**

*\*Provide as much detail as possible, including subject matter, time frame, and type of record sought. RTKL requests must seek records, not ask questions. Use additional pages if necessary.*

**Do you want copies?**

Yes, printed (*may be subject to additional costs*)

Yes, electronic

No, in-person inspection

*Records shall be provided in the medium requested if they exist in that medium; otherwise, they shall be provided in the medium in which they exist. See Section 701. Your request may require payment or prepayment of fees. View the [Official RTKL Fee Schedule](#) for more details.*

**I understand that my request may incur fees. Notify me before further processing if fees will be more than \$100 (or) \$\_\_\_\_\_.**

Do you want certified copies of records?

Yes (*may be subject to additional costs*)

No