

<p><b><i>DRAFT CUMBERLAND VALLEY SCHOOL DISTRICT</i></b></p>	<p><b><u>PUBLIC RECORD REVIEW DUPLICATION REQUEST</u></b></p>
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**Please print legibly**

Date of Request: \_\_\_\_\_

Requester's Name: \_\_\_\_\_

Requester's Address: \_\_\_\_\_

Requester's Telephone: \_\_\_\_\_

I request  review  duplication (check applicable boxes) of the following records.  
**Important:** You must identify or describe the records with sufficient specificity to enable the school district to determine which records are being requested. Use additional sheets if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that I am a legal resident of the United States:

\_\_\_\_\_

Signature of Requester

This request may be submitted in person, by mail or by facsimile to:

Ms. Tracy Panzer, Communications Specialist  
 Cumberland Valley School District  
 6746 Carlisle Pike  
 Mechanicsburg, PA 17050

**To be completed by school district:**

Request No. \_\_\_\_\_ Date Received: \_\_\_\_\_

Date Five (5) Response Due: \_\_\_\_\_

Action Taken:

Approved	Date of Approval	_____
Denied	Date notice mailed	_____
Additional Review	Date notice mailed	_____