



**COMMUNITY COLLEGE OF
ALLEGHENY COUNTY**

RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED:

REQUEST SUBMITTED BY: E-MAIL US MAIL FAX IN-PERSON

NAME OF REQUESTOR: _____

STREET ADDRESS: _____

CITY/STATE/COUNTY (Required): _____

TELEPHONE (Optional): _____

EMAIL (Optional): _____

RECORDS REQUESTED: (attach separate sheet if necessary)

**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

Submit form to:
Nancilee Burzachechi, JD, CFRE
Executive Director
Government & External Affairs
Open Records Officer
Community College of Allegheny County
800 Allegheny Avenue
Pittsburgh, PA 15233
Tel: (412) 237-8181
Fax: (412) 237-3037
rtk@ccac.edu

FOR THE CCAC RIGHT-TO-KNOW OFFICE USE ONLY

RIGHT TO KNOW OFFICER:

DATE RECEIVED BY THE AGENCY:

AGENCY FIVE (5)-DAY RESPONSE DUE:

***Public bodies may fill anonymous verbal or written requests. If the requestor wishes to pursue the relief and remedies provided for in 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.)*