

**PROPEL CHARTER SCHOOL**  
**RIGHT-TO-KNOW REQUEST FORM**

**DATE REQUESTED:** \_\_\_\_\_

**NAME OF REQUESTOR:** \_\_\_\_\_  
(Last) (First) (MI)

**MAILING ADDRESS:** \_\_\_\_\_  
(Street/P.O.Box)

\_\_\_\_\_  
(City) (State) (Zip Code)

**TELEPHONE (Optional):** \_\_\_\_\_

**RECORDS REQUESTED:**

\* Provide as much specific detail as possible so Propel can identify the records requested.

**PLEASE CHECK ONE OF THE FOLLOWING:**

- \_\_\_\_\_ I am only requesting access to the documents identified above.  
\_\_\_\_\_ I am only requesting a copy of the documents identified above.  
\_\_\_\_\_ I am requesting access to the documents identified above AND a copy of those documents.

If you are requesting a copy of the documents identified above, please check one of the following:

- \_\_\_\_\_ I want a paper copy of the documents.  
\_\_\_\_\_ I want a computer-readable copy of the documents (e.g., diskette or compact disk).  
\_\_\_\_\_ I want a certified copy of the requested records.

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**INTERNAL USE**

REQUEST NO. \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_