

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.