



LenapeTech
Education at Work

LENAPE VOCATIONAL TECHNICAL SCHOOL
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Right-To-Know Request Form

DATE OF REQUEST: _____

NAME OF REQUESTER: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____
(Optional)

RECORDS REQUESTED:

**Provide as much specific detail as possible so that Lenape can identify the information.*

DO YOU WANT COPIES? Yes No

OTHER MEDIUM OF RESPONSE: *(Please Be Specific)* _____

Please do not write below this line.

For Office Use Only

OPEN RECORDS OFFICER: _____

DATE RECEIVED BY LENAPE TECHNICAL SCHOOL: _____

REQUEST SUBMITTED BY: E-Mail US Mail Fax In-Person

RESPONSE DUE DATE: *(five business days)*: _____

FEE IMPOSED: _____