SCHUYLKILL VALLEY SCHOOL DISTRICT
ADMINISTRATION CENTER
929 LAKESHORE DRIVE
LEESPORT, PENNSYLVANIA 19533-8631
www.schuylkillvalley.org

OFFICE OF THE SUPERINTENDENT

TELEPHONE (610) 916-5442
FAX (610) 926-3960

RIGHT-TO-KNOW REQUEST FORM

Date Requested: _____

Request Submitted by: **email** **U.S. Mail** **Fax** **In-Person**

Name of Requester: _____

Street Address: _____

City/State/County (required): _____

Telephone (optional): _____

Records Requested:
*Provide as much specific detail as possible so the information can be identified.

_____

_____

_____

Do you want copies?	Yes	No
Do you want to inspect the records?	Yes	No
Do you want certified copies of records?	Yes	No

Right-To-Know Officer: Mrs. Kristen Wallace
Director of Finance
kwallace@schuylkillvalley.org

Date Received by School District: _____

Agency Five (5)-Day Response Due: _____

Commonwealth of Pennsylvania: Right-To-Know Law: Act 3 of 2008

*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.)

It is the policy of the Schuylkill Valley School District not to discriminate in its educational programs, activities or employment practices based on race, sex, color, disability, age, religion, or national origin. Announcement of this practice is in accordance with Title IX of the Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Inquiries regarding compliance with these Acts may be directed to the office of the Superintendent, Title IX, and ADA Coordinator, Schuylkill Valley School District, 929 Lakeshore Drive, Leesport, PA 19533-8631, telephone (610) 916-0957