BERMUDIAN SPRINGS SCHOOL DISTRICT
York Springs, PA 17372

Right-to-Know Information Request Form

Full Name: _____ Date Request Submitted: _____

Mailing Address:_____

City: _____ State: _____ Zip: _____

Telephone Number _____ Email: _____

Preferred way of Contact: ☐ Email ☐ Phone

DESCRIPTION OF REQUEST: *Please provide as much information as possible. Use additional pages if necessary.*

_____ _____
Signature Date

Items Below this Line are for Office Use Only

OFFICE USE ONLY

Date Information Provided: _____

Date Request Denied (if applicable): _____