

# Pottsville Area School District

## RIGHT-TO-KNOW REQUEST FORM

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

REQUEST SUBMITTED BY:            E-MAIL            U.S. MAIL            FAX            IN-PERSON

NAME OF REQUESTOR: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY/STATE/COUNTY (Required): \_\_\_\_\_

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

**RECORDS REQUESTED:**

*\*Provide as much specific detail as possible so the agency can identify the information.*

**DO YOU WANT COPIES?** YES or NO    Paper\_\_\_\_Electronic\_\_\_\_(provide email)

**DO YOU WANT TO INSPECT THE RECORDS?** YES or NO

**DO YOU WANT CERTIFIED COPIES OF RECORDS?** YES or NO

Return form to: Stacy Stair, Open Records Officer, Pottsville Area School District, 1501 West Laurel Boulevard, Pottsville PA 17901 or via email at [sstair@pottsville.k12.pa.us](mailto:sstair@pottsville.k12.pa.us) or facsimile at 570-621-2025.

*\*\*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.)*

**OFFICE USE ONLY: DATE RECEIVED BY THE DISTRICT** \_\_\_\_\_

**DATE INFORMATION SENT:** \_\_\_\_\_