

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: Donna A. Kalovcak, Open Records Officer, Pottsville Area School District,
1501 West Laurel Boulevard, Pottsville PA 17901 or via email at
dkalovcak@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: _____