



SCHUYLKILL VALLEY SCHOOL DISTRICT
ADMINISTRATION CENTER

929 LAKESHORE DRIVE
LEESPORT, PENNSYLVANIA 19533-8631
www.schuylkillvalley.org



OFFICE OF THE SUPERINTENDENT

610-916-0957
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. Dolores D'Amore
Interim Business Manager
ddamore@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.)