POTTSGROVE SCHOOL DISTRICT

Right-To-Know Request Form

PLEASE READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM. A PROPERLY COMPLETED FORM SUBMITTED TO THE SCHOOL DISTRICT WILL BE CONSIDERED A WRITTEN REQUEST FOR PURPOSES OF THE RIGHT TO-KNOW ACT, 66 P.S.§ 66.1 et seq

Section 1 – Requester Information	District.		ester at the time s	abiinitoa to	
Name of Organization Requesting Information:	COLLEGE OF WI	M+ MAIN	AV)		A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
Print Name: LAST SAPORTO	COLLEGE OF WY FIRST SALVATORS	M	liddle Initial		
DEPT OF SOLODOIL	/ consus of W				
WILLIAMSBURG	State (must be PA)	Z	ip Code	-8795	
elephone Number (Optional)	E-Mail Address (Optional)	222×606	WW. FOU		
late (Month/Day/Year) 3/29/2010	Requester's Signature	PH			
Attach additional pages if necessary.	nt(s) Requested – <i>To be</i> ————————————————————————————————————	Completed by the Ro	equester 		
222 MICKOUZS		AMAGESTA AND AND AND AND AND AND AND AND AND AN			
		lic Records - To	Be Completed by 1	the Request	er - Ple
check each box applicable	to your request.	lic Records - <i>To I</i>		the Request	er - Ple
check each box applicable	to your request.	Vritten Request Sub		the Request	er - Ple
check each box applicable Inspection of Documents Copy of Documents	to your request.	Vritten Request Sut In Person By Mail			
check each box applicable Inspection of Documents Copy of Documents Certified Copies of Documents	to your request.	Vritten Request Sub In Person By Mail By Facsimile By E-mail at:	e at: Sonnel for each wr	e wn.	<u> </u>
check each box applicable Inspection of Documents Copy of Documents Certified Copies of Documents Cection 4 – OFFICE USE ONLY. 1	to your request. V C C C C C C C C C C C C	Vritten Request Sub In Person By Mail By Facsimile By E-mail at:	e at: Sonnel for each wr	e wn.	<u> </u>
check each box applicable Inspection of Documents Copy of Documents Certified Copies of Documents Cection 4 – OFFICE USE ONLY. TOWNSTITTEN REQUEST TRANSMITTED:	to your request. V o be completed by authorize request not made on District	Vritten Request Sub In Person By Mail By Facsimile By E-mail at: d School District per t form, attach reques	e at: SUSAPO sonnel for each writ.] □ Other	€ wm ·	<u> </u>
check each box applicable Inspection of Documents Copy of Documents Certified Copies of Documents Cection 4 – OFFICE USE ONLY. 1 VRITTEN REQUEST TRANSMITTED: VRITTEN REQUEST RECEIVED: CCHOOL DISTRICT RESPONSE: Re	to your request. V Description of the completed by authorized request not made on District or In person Date (Month/Day/Year)	Vritten Request Sub In Person By Mail By Facsimile By E-mail at: d School District per t form, attach reques	e at: STSAPO sonnel for each wr tt.] Other	e wn.	<u> </u>
check each box applicable Inspection of Documents Copy of Documents Certified Copies of Documents Cection 4 – OFFICE USE ONLY. 1 VRITTEN REQUEST TRANSMITTED: VRITTEN REQUEST RECEIVED: SCHOOL DISTRICT RESPONSE: Re	to your request. V Description of the completed by authorized request not made on District or In person Date (Month/Day/Year)	Vritten Request Sub In Person By Mail By Facsimile By E-mail at: d School District per t form, attach request	e at: STSAPO sonnel for each writ.] Other Applied	€ wm ·	ĒO√ t-Uf
check each box applicable Inspection of Documents Copy of Documents Certified Copies of Documents Certified Copies of Documents VRITTEN REQUEST TRANSMITTED: VRITTEN REQUEST RECEIVED: SCHOOL DISTRICT RESPONSE: Date (Month/Day/Year)	to your request. V Description of the completed by authorized request not made on District or In person Date (Month/Day/Year)	Vritten Request Substitute Request Substitute Request Substitute Region	e at: STSAPO sonnel for each writ.] Other Applied	€ www.	ĒO√ t-Uf
Inspection of Documents Copy of Documents Certified Copies of Documents Cection 4 – OFFICE USE ONLY. 1 WRITTEN REQUEST TRANSMITTED: WRITTEN REQUEST RECEIVED: SCHOOL DISTRICT RESPONSE: Date (Month/Day/Year)	to your request. V Co be completed by authorize request not made on District In person	Vritten Request Substitute Request Substitute Request Substitute Region	e at: SUSAPO (SUSAP	eum. Initials	ĒØ√