**PA VIRTUAL CHARTER SCHOOL**

**RIGHT-TO-KNOW REQUEST FORM**

**DATE REQUESTED:**

**REQUEST SUBMITTED BY:** □**E-MAIL** □**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 agency can identify the information.)

DO YOU WANT COPIES? □YES □NO

DO YOU WANT TO INSPECT THE RECORDS? □YES □NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? □YES □NO

OPEN RECORDS OFFICER:

Dr. John Chandler CEO

Open Records Officer

630 Park Avenue

King of Prussia, PA 19406

Fax: (610) 275-1719

E-Mail: openrecordsofficer@pavcsk12.org

DATE RECEIVED BY CHARTER SCHOOL:

FIVE (5) BUSINESS-DAY RESPONSE DUE:

\*If the requester wishes to pursue the relief and remedies provided for in the Right-to-Know Law, the request must be in writing. (Section 702.) Written requests need not include an explanation as to why information is sought or the intended use of the information unless otherwise required by law. (Section 703.)