

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): _____

Email ADDRESS (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

How do you prefer to be contacted if the School has questions?

Telephone Email U.S. Mail

By checking this box, I affirm that my full name and contact information is true and correct, and that I am a legal resident of the United States. I understand that failure to check this box may result in the denial of my request and the dismissal of any appeal filed with the Office of Open Records.

OPEN RECORDS OFFICER:

Julie Pufko

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.)