



## RIGHT-TO-KNOW REQUEST FORM

This form is being provided under the provision of Act 3 of 2008 in response to your request. This printable PDF may be A) completed, scanned and emailed to the address below or B) printed and completed by hand. The form may be submitted by fax, mail or in person::

In person or by mail: Administrative Office at NativityMiguel School of Scranton

Fax: 570-955-5707

E-mail: [info@nmscranton.org](mailto:info@nmscranton.org)

### Requestor Information:

Date of Request: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number (s): \_\_\_\_\_

Records Requested:

Do you want copies?  Yes  No

If so, do you want them mailed?  Yes  No

Do you want to inspect the records?  Yes  No

### School Use Only

Received By \_\_\_\_\_

Date and Time Received: \_\_\_\_\_

Date Response Due: \_\_\_\_\_  
(five business days)