



RIGHT-TO-KNOW REQUEST FORM

This form is being provided under the provision of Act 3 of 2008 in response to your request. The form may be submitted by fax, email, mail or in-person:

Fax: (570)-955-5707

E-mail: abzdick@nmscranton.org

Mail or In-person: NativityMiguel School of Scranton, 2300 Adams Avenue, Scranton, PA 18509

Requestor Information:

Date of Request: _____

Your Name: _____

Your Child's Name: _____

Address: _____

City, State, Zip: _____

Telephone Number(s): _____

Records Requested:

Do you want copies? Please circle: Yes No

If so, do you want them mailed? Please circle: Yes No

Do you want to inspect the records? Please circle: Yes No

Parent/Guardian Signature: _____

NativityMiguel School of Scranton, 2300 Adams Avenue, Scranton, PA 18509

Phone: (570) 955-5176 | Fax: (570) 955-5707

www.nmscranton.org



School Use Only:

Received By _____

Date and Time Received: _____

Date Response Due: _____

(five business days)