



**LEHIGH VALLEY ACADEMY REGIONAL 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 or NO

DO YOU WANT TO INSPECT THE RECORDS? YES or NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? YES or NO

OPEN RECORDS OFFICER: Mr. Aldo Cavalli, CEO
Lehigh Valley Academy Regional Charter School
1560 Valley Center Parkway, Suite 200
Bethlehem, PA 18017-2276
Fax: (484) 821-0468

DATE RECEIVED BY LEHIGH VALLEY ACADEMY REGIONAL CHARTER SCHOOL:

**LEHIGH VALLEY ACADEMY REGIONAL 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.)