

SCHOOL DISTRICT RECORDS EXHIBIT

Application for Public Access to Records

To: Records Access Officer
Board of Education
_____ School District
_____, New York _____

I hereby apply to inspect only or inspect and request reproduction of the following record @ 25 cents per page*: _____

Name _____

Address: _____

Email address: _____

May the response and/or records be sent electronically to this email address? _____

Signature _____ Date _____

I hereby acknowledge receipt of the reproduction of records.

Signature _____ Date _____

Mailing Address _____

FOR OFFICE USE ONLY

Approved []

Denied (for the reason(s) checked below)

- Confidential disclosure
- Part of investigatory files
- Unwarranted invasion of personal privacy
- Record of which this agency is legal custodian cannot be found.
- Record is not maintained by this agency

- Exempted by statute other than the Freedom of Information Law
- Other (specify) _____

Signature/Title _____ Date _____

NOTICE: You have a right to appeal a denial of this application to the Superintendent of Schools, _____ School District, who must fully explain his/her reasons for such denial in writing within ten days of receipt of an appeal.

I hereby appeal _____
Signature Date

* For documents larger than 9 x 14 inches, tape or cassette records, or computer printouts, the cost of reproduction or the program used.

Adoption date: February 12, 2008