

PORT BYRON CENTRAL SCHOOL DISTRICT
APPLICATION FOR PUBLIC ACCESS TO RECORDS

TO: RECORDS ACCESS OFFICER

Name of Agency

Address

I hereby apply to inspect the following record(s) _____

For the following purpose(s) _____

Print Name Signature Date

Representing Mailing Address

FOR AGENCY USE ONLY

Approved Inspection Approved for Copies _____ Cost \$ _____

Total Received \$ _____

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 Act
- Other (Specify) _____

Signature, Records Access Officer Date

NOTICE: You have a right to appeal a denial of this application to the Superintendent of Schools, who must fully explain his/her reasons for such denial in writing within ten (10) business days of receipt of an appeal.

Name Business Address

I hereby appeal:

Signature Date