

Appendix A: Application for Public Access to Records

To: District Clerk, Board of Education
Sharon Springs Central School
PO Box 218, 514 St. Rt. 20
Sharon Springs, NY 13459

I hereby apply to inspect the following record:

Signature

Date

Name: _____

Address: _____

Phone Number: _____

.....
(For agency use only)

Application Approved : _____ Charge: \$ _____

Application Denied: _____

Reason Denied:

- _____ 1. Confidential disclosure
- _____ 2. Part of investigatory files
- _____ 3. Unwarranted invasion of personal privacy
- _____ 4. Records of which this agency is legal custodian cannot be found
- _____ 5. Record is not maintained by this agency
- _____ 6. Exempted by statute other than the Freedom of Information Act
- _____ 7. Other (specify): _____

Signature of Records Access Clerk or Designee

Date

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NOTICE: You have the right to appeal a denial of this application in writing to the Superintendent of Schools, Sharon Springs Central School, PO Box 218, 514 St. Hwy. Rt. 20, Sharon Springs, NY 13459. The Superintendent of Schools must fully explain the reasons for such denial in writing within ten (10) days of receipt of an appeal.

I HEREBY APPEAL:

Signature

Date