APPLICATION FOR PUBLIC ACCESS TO RECORDS

To: Records Access Officer

I hereby apply to inspect the following record:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

I certify that the only purpose of the records inspection is for my information, and that it will not be used for any private, commercial, fund raising, or other purpose.

Date:________ Signature ________________________________

Representing: __________________________________________

Mailing Address: _________________________________________

Approved OR Denied (for reason(s) checked below):

_____ Confidential Disclosure
_____ 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):

Date:_______ Signature:____________________________________ Title:________________________

Notice: You have a right to appeal a denial of the application within thirty (30) calendar days to:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Frankfort-Schuyler Central School District
Adopted: 11/19/96
Revised: 07/27/04