

**APPLICATION FOR PUBLIC ACCESS TO RECORDS**

**TO: Records Access Officer  
L. Daniel Carlin  
Bronxville Union Free School District  
177 Pondfield Road  
Bronxville, NY 10708**

**I HEREBY APPLY TO INSPECT THE FOLLOWING RECORDS:**

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date and Time Appointment Requested\*

\_\_\_\_\_  
Print Name

**\*Note: Request for an appointment is made only when records to be reviewed are too extensive to copy. Please select a date at least 7 business days after "appointment request date". We will contact you to confirm the date requested.**

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Telephone Number

.....  
**APPROVED:** \_\_\_\_\_

**DENIED (For reason(s) checked below)**

- \_\_\_\_ Confidential Disclosure \_\_\_\_\_ Part of Investigatory File
- \_\_\_\_ 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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

.....  
**Notice: You have a right to appeal a denial of this application to the Head of this Agency:**

**Dr. Roy R. Montesano, Superintendent of Schools**

**who must fully explain the reasons for such denial, in writing, within seven business days of receipt of an appeal.**

**I HEREBY APPEAL:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date