

**NORTH ROSE-WOLCOTT CENTRAL SCHOOL DISTRICT
APPLICATION FOR PUBLIC ACCESS TO RECORDS**

TO: RECORDS ACCESS OFFICER

* _____
Name of District

* _____
Address

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

Print Name Signature Date

Representing Mailing Address

FOR SCHOOL DISTRICT 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, who must fully explain his or her reasons for the denial in writing within ten business days of receipt of an appeal.

Name Business Address

I hereby appeal:

Signature Date