

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 Pages at \$ per page

Total Received \$

Denied (for the reason(s) checked below)

☐ Confidential Disclosure
Files

☐ Part of Investigatory

☐ 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 business days of receipt of an appeal.

Name

Business Address

I hereby appeal:

Signature

Date