

APPLICATION FOR PUBLIC ACCESS TO RECORDS

**TO: RECORDS ACCESS OFFICER
CENTRAL ISLIP PUBLIC SCHOOLS
CENTRAL ISLIP ADMINISTRATION BUILDING
CENTRAL ISLIP, NEW YORK**

I hereby apply to () inspect only, () inspect and request reproduction at 25 cents per page or () request an electronic version be sent to _____
(email address)

the following record(s):

IN ACCORDANCE WITH PUBLIC INFORMATION LAW SECTION 89(2)(B) I CERTIFY THAT THE INFORMATION REQUESTED WILL NOT BE USED FOR ANY COMMERCIAL PURPOSE.

Signature Date

Mailing Address Phone

I hereby acknowledge receipt of the reproduction of records:

Representing: _____

Date: _____ Signature: _____

FOR AGENCY USE ONLY

APPROVED _____

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 the right to appeal a denial application to the Superintendent of Schools who must fully explain her reasons for each denial in writing within ten (10) days of receipt of an appeal.

I hereby appeal:

Name Business Address