



## Central Islip Union Free School District

Board of Education & School District Policy Book

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Section	Section Title	Type
<b>1100</b>	<b>Public Information Program</b>	<b>Exhibit</b>
Policy	Policy Title	
<b>1120-E.2</b>	<b>School District Records - Agency Response to Request for Records</b>	

Dear Applicant for Records:

We received your request for records pursuant to the Freedom of Information Law on [fill in date received, or next business date received, if received after normal business hours]:

1. Attached are electronic copies/paper copies of the records that you requested.
2. The records that you have requested to inspect will be made available for inspection on [insert date] at [insert time]. After inspecting the records, you may request copies of selected pages, which we will provide to you on or about [insert date]. If paper copies are required, payment of a fee of \$.25 per photocopy will be charged.
3. The records requested cannot be located with reasonable effort and your request does not reasonably describe records in the possession of this agency. [Indicate information necessary to locate records or the manner in which records are filed, retrieved or generated by the agency in order for the applicant to clarify the request.]
4. This agency does not maintain or possess the records you have requested. [When possible, indicate to whom the request should be directed.]
5. The records sought can not be found after a diligent search.
6. This agency has determined that portions of your request can be denied based on the following [provide reason based on one or more exceptions appearing in §87(2) of the Freedom of Information Law]:

Accordingly, your request for records is granted in part and denied in part, and

- the requested records are attached. Certain portions have been redacted, and/or certain records have not been provided to you based on the explanation above.
- the records are not available electronically. Please remit \$. Copies will be provided to you on or about.

You have 30 days from receipt of a denial of access to records or portions thereof to appeal to:

Name:

Title:

Address:

E-mail Address:

7. This agency has determined that the records that you requested are not required to be made available to the public based on the following [provide reason based on one or more exceptions appearing in §87(2) of the Freedom of Information Law]:

Accordingly, your request is denied. You have 30 days from receipt of a denial of access to records to appeal to:

Name:

Title:

Address:

E-mail Address:

8. This agency has determined that it is unable to respond to your request at this time. Accordingly, on or before [insert date within the next 20 business days] we will grant and/or deny access in whole or in part.

9. This agency has determined that it is unable to respond to your request in full within the next twenty business days for the following reasons [provide explanation as required by the Freedom of Information Law, §89(3)]:

Accordingly, on or before [insert date], we will provide and/or deny access in whole or in part. Please advise by reply e-mail if you would prefer that records be made available on a piecemeal basis if it is feasible to do so.

10. Because the records you have requested include a list of names and residence addresses, disclosure may constitute an unwarranted invasion of personal privacy pursuant to §89(2)(b)(iii) of the Freedom of Information Law. If you maintain that such records are not sought for commercial or fund-

raising purposes, as a condition precedent to disclosure, please prepare the following statement on a separate sheet of paper, sign it, and mail it to the address indicated below.

I [insert name] certify that the requested list of names and addresses will not be used for commercial or fund-raising purposes.

[Signature]

Send to:

Name:

Title:

Mailing Address:

11. Because the records you have requested pertain to yourself, but if released to the public would constitute an unwarranted invasion of your privacy, as a condition precedent to disclosure, please prepare the following statement on a separate sheet of paper, sign it, and mail it to the address indicated below, along with copy of your valid driver license or other acceptable form of identification.

I certify that my name is [insert name] that I reside at [insert address] , and that I have attached a copy of my valid driver license or equivalent identification and that the requested records pertain to myself.

[Signature]

Adopted: January 13, 2009