

Clarence Central School District

Application for Public Access to Records (FOIL)

I hereby apply to inspect the following record: (please fill out one form for each record)

Check the appropriate line below:

- View Only _____
- Electronic copy _____
- Paper copy (\$.25/Page) _____

For the following purpose:

Name (Print) _____

Group representing (if applicable) _____

Address _____

Contact information (telephone # - email) _____

Signature _____ Date _____

For District Use Only

Approved for: (check lines that apply)

- View _____
- Electronic copy _____
- Paper Copy _____ Cost _____

Denied: (check all appropriate lines)

- Confidential Disclosure _____
- Part of Investigatory Files _____
- Unwarranted invasion of personal privacy _____
- Record is not maintained by this agency _____
- Record cannot be found _____
- Exempted by Statute _____

Records Officer (or Designee) Name (print) _____

Signature _____ Date _____

Appeal Process

You may appeal a denial to the Supt. of Schools.

I hereby appeal my denied request.

Signature _____ Date _____