Sayville Public Schools

APPLICATION FOR PUBLIC ACCESS TO RECORDS

TO: RECORDS ACCESS OFFICER
Sayville Public Schools
99 Greeley Avenue
Sayville, NY 11782

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

_____
_____
_____

_____
Signature

_____
Representing

_____
Mailing Address

_____
Date
Please print your name:
_____
Home Phone: _____
Work Phone: _____

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	**Title**	**Date**

<u>Notice</u>: You have the 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 seven (7) days of receipt of an appeal.

_____	_____
Name	**Business Address**
_____	_____
Signature	**Date**