APPLICATION FOR PUBLIC ACCESS TO RECORDS

TO: RECORDS ACCESS OFF	TICER	
Name of Agency		
Address		
I hereby apply to inspect the following	lowing record(s)	
For the following purpose(s)	cet the following record(s)	
Print Name	Signature	Date
Representing		Mailing Address

☐ Approved Inspection ☐	Approved for Copies _	Pages at \$ per page
Total Received \$		
Denied (for the reason(s) check	ed below)	
☐ Record is not maintained by t☐ Exempted by statute other that	is legal custodian cannot l his agency on the Freedom of Informa	be found ation Act
Signature, Records A	ccess Officer	Date
NOTICE: You have a right to ap	ppeal a denial of this appli	ication to the Superintendent of Schools, wh
Name		Business Address
I hereby appeal:		
Signature		Date