

**Freedom of Information Request Form
Kingston City School District**

Name: _____ Date: _____
Company/Organization: _____
Mailing Street Address: _____
City, State, Zip Code: _____
Telephone Number: _____ Email: _____

Under the Freedom of Information Law (FOIL), I am requesting the Review or Reproduction of the following files:

- Review: Please contact the Records Access Officer at (845) 943-3003 to make an appointment for review.
- Reproduction: Copy @ .25¢ per copy or Email @ no cost when available

Requested Documents: Please be specific about the documents you are requesting.

- Please mail copied documents to the address below
- I will pick up copied documents. Please contact me when ready.
- Please email if available

Mail Request to: Records Access Officer, 21 Wynkoop Pl, Kingston NY 12401
Email Request to: kseery@kingstoncityschools.org