## APPLICATION FOR PUBLIC ACCESS TO RECORDS

This form language is optional but may enhance your use of the Freedom of Information Law.

TO: Records Access Offi	cer, Oriskany Central School District	
I hereby request the follow	wing record	
If possible, I woul	d like this record (please select one):	☐ emailed to me (a copy charge may apply)
OP		☐ mailed to me (a copy charge may apply)
OR		
I hereby apply to come in	to inspect the following record	
Signature	Print Name	Date
Email Address	Mailing Ac	ddress
• •	lease attach additional forms if needec	d. ***************
	For Agency Use C	Only
☐ Approved Inspection	☐ Approved for Copies ☐	Pages at \$.25 per page
Total Received \$		
Denied (for the reason(s)	checked below)	
☐ Confidential Disclosu	ire	
☐ Unwarranted Invasion	ı of Personal Privacy	
☐ Record of which this	agency is legal custodian cannot be fo	ound
☐ Record is not maintain	ned by this agency	
☐ Exempted by statute of	other than the Freedom of Information	n Law
Other (Specify)		
Signature, Records Acces	s Officer	
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NOTICE: You have the right to appeal a denial of this application to Records Appeal Officer, in writing within thirty days of your receipt of the denial. Records Appeal Officer must fully explain his/her reasons for such denial in writing within ten business days of receipt of an appeal.