

**Holland Central School**  
Application for Public Access to Records  
FAX: (716) 537-8203

To: Public Access Records Officer  
103 Canada Street  
Holland, New York 14080

I hereby apply to access the following record:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For Inspection       For which I agree to pay \$.25 per page. (Pages not larger than 8 1/2 x 14)

Name _____	Signature _____
Representing _____	Date _____
Mailing Address _____	
E-mail Address _____	Phone Number _____

**For Agency Use Only**

- Approved:** Record consists of \_\_\_\_\_ pages. Please call \_\_\_\_\_ at \_\_\_\_\_ to schedule an appointment to receive the records. A copy will be available upon receipt of \_\_\_\_\_. If you wish a copy to be mailed to you, please include an additional \_\_\_\_\_ for postage.
- Denied for the reasons checked below:**
- Confidential Disclosure
  - 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
  - Unwarranted Invasion of Personal Privacy
  - Part of Investigatory Files
  - Records have been (partially, fully) provided. (If not fully provided, date when records are expected to be fully provided: \_\_\_\_\_)
  - Other: Explanation: \_\_\_\_\_

_____ Records Access Officer	_____ Date
---------------------------------	---------------

**NOTICE:** You have a right to appeal a denial of this application to the Appeals Officer, who must fully explain the reasons for such denial in writing within seven days of receipt of an appeal. If you wish to appeal, please submit your appeal to the Appeals Officer:

Superintendent of Schools  
Records Appeals Officer  
103 Canada Street  
Holland, New York 14080

I hereby appeal:

_____ Signature	_____ Date
--------------------	---------------