Regulation

Draft 9/23/24 1100.2

COMMUNITY RELATIONS

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 Officer,	Oriskany Central School Di	strict
I hereby request the following	record	
If possible, I would like this record (please select one):		□ emailed to me (a copy charge may apply)
OR		□ mailed to me (a copy charge may apply)
I hereby apply to come in to ir	nspect the following record _	
Signature	Print Name	Date
Email Address	Maili	ng Address
*One form per request. Please *********		needed. *********************************
□ Approved Inspection	<i>For Agency</i> □ Approved for Copies	
Total Received \$		
 Denied (for the reason(s) chec Confidential Disclosure Unwarranted Invasion of Pe Record of which this agenc Record is not maintained by Exempted by statute other t Other (Specify) 	ersonal Privacy y is legal custodian cannot b y this agency han the Freedom of Informa	tion Law
Signature, Records Access Of	ficer	

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.

Oriskany Central School District	
Approved by the Superintendent:	01/24/17, 03/16/21,