

Freedom of Information Request Form
Highland Central School District (Records Access Officer 845-691-1014)

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

Under the Freedom of Information Act (FOIA), I am requesting the **Review** or **Reproduction** of the following files: (Please Choose One)

☐ **Review**: The Records Access Officer will contact you to make an appointment for review of the records

☐ **Reproduction**: **Copy** @ .25¢ per copy or **Email** @ no cost when practicable

Please contact me before copying anything that will result in a fee in excess of ☐ \$10.00 ☐ \$20.00 ☐ \$50.00

Requested Records: Please include as much detail as possible about the Record (s) such as relevant dates, descriptions, document titles, etceteras. Use additional sheet if necessary

Delivery Method (if applicable)

☐ **Postal Mail** copied records to the address above ☐ **Email** records to email address above (if practicable)

☐ **Pick-up**: I will pick up copied records. Please contact me when ready.

How to Send Your Request:

1. Mail Request to: Records Access Officer, HCSD, 320 Pancake Hollow Road, Highland, NY 12528

2. Email Request to: foilrequest@highland-k12.org

3. Fax request to: (845) 691-1039 (Attn: Records Access Officer)

4. Bring request in person to: Highland Central School District Office

For Office Use Only

[] **APPROVED** [] Date items were reviewed, mailed or emailed _____

[] **PAYMENT (if applicable)** _____

DENIED for reason(s) checked below

[] Confidential Disclosure

[] Part of investigatory file

[] Unwarranted invasion of personal privacy

[] Record of which this agency is legal custodian cannot be found

[] Record is not maintained by this agency

[] If disclosed would impair collective bargaining negotiations

[] Intra-agency or inter-agency materials

[] Other (specify) _____

Signature/Title: _____ Date: _____