## JASPER-TROUPSBURG CENTRAL SCHOOL DISTRICT FREEDOM OF INFORMATION (FOIL) REQUESTS

| I am requesting to receive or inspect the fo  | ollowing record(s):                   |               |
|---|---------------------------------------|---------------|
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| (Please be as specific as possible as such re purposes.)                            | quests may be subject to a nominal fe | e for copying |
| Print Name  | Mailing Address                       |               |
| Signature   | Email Address                         |               |
| Date  | Fax Number                            |               |
| Please return completed form to:  |                                       |               |
| Mr. Troy Terry<br>Jasper-Troupsburg Central School District<br>2661 State Route 248 |                                       |               |

Greenwood, NY 14839 Phone: (607) 792-3675 extension 7318

Fax: (607) 792-3749

info@jtcsd.org

You may send this form by either mail, email or fax.