# APPLICATION FOR PUBLIC ACCESS TO RECORDS

(Instructions: Complete the following form and present it to the officer indicated below)

TO: District Clerk – South Country Central School District

NAME:_____PHONE #:_____
ADDRESS:_____
EMAIL ADDRESS:_____
____I HEREBY APPLY TO INSPECT THE FOLLOWING RECORD(S) ***or***
____RECORD(S) OR DOCUMENT(S) REQUESTED:_____

_____

_____

_____

Signature of Applicant:_____Date:_____

Representing:_____

Mailing Address:_____Email:_____

**For Agency Use Only**

This Application is: __ APPROVED __ DISAPPROVED

___Disapproval of this application is based on:

___Confidential Disclosure

___Invasion of Privacy

___Investigatory File

___Records cannot be located by legal custodian

___Records exempt by law

___Other (specify)

_____ _____
Signature & Title Date

**NOTICE:** YOU HAVE THE RIGHT TO APPEAL A DENIAL OF THIS APPLICATION TO THE SUPERINTENDENT OF SCHOOLS, SOUTH COUNTRY CENTRAL SCHOOL DISTRICT, ASMINISTRATION BUILDING, 189 NORTH DUNTON AVENUE, EAST PATCHOGUE, NEW YORK 11772

I hereby appeal the denial of this application:

_____ _____
Signature Date