

Return to: Sara Maxwell, Records Access Officer  
Sayville Union Free School District  
99 Greeley Avenue, Sayville NY 11782

DATE \_\_\_\_\_

I hereby apply to:  inspect  copy or  have emailed to me the following record(s).

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

I \_\_\_\_\_ certify that the requested list of names and addresses will not be used for commercial or fund-raising purposes.

Print Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Signature: \_\_\_\_\_ Email address \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street/Town/Zip)

(FOR AGENCY USE ONLY)

APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_ (For the reason(s) checked below)

- \_\_\_\_\_ Confidential Disclosure.
- \_\_\_\_\_ Part of investigatory files.
- \_\_\_\_\_ Unwarranted invasion of personal privacy.
- \_\_\_\_\_ Record of which this agency is legal custodian cannot be found.
- \_\_\_\_\_ Record is not maintained by this Agency.
- \_\_\_\_\_ Exempt by status other than Freedom of Information Act.
- \_\_\_\_\_ Other (specify) \_\_\_\_\_

\_\_\_\_\_  
Signature Title Date

**NOTICE:** You have a right to appeal a denial of this application to the head of this agency.

Address to appeal to: Dr. Marc Ferris  
Superintendent of Schools  
99 Greeley Avenue, Sayville NY 11782

The Superintendent of schools must fully explain his reasons for such denial in writing seven days of the receipt of an appeal.

I HEREBY APPEAL: \_\_\_\_\_  
SIGNATURE DATE