Access to Public Records
Information Request
Niagara Falls City School District

ACCESS TO PUBLIC RECORDS

Date: _____

In accordance with the Freedom of Information Act

I, _____, request to see the following records:

_____

_____

_____

_____

NAME (print): _____

ADDRESS: _____

_____

_____
SIGNATURE

_____
Witness

Submit completed form to: Human Resource Office, 630 66h St., Niagara Falls, NY 14304

……

Office use Only

Copies at $.25 per side. # sides _____ Cost $ _____

_____/_____

approved denied

Reason _____

Denial may be appealed by sending this copy with a written rational to the School District Attorney.