

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

Address to appeal to: Mr. John Lorentz
Interim 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