



DANSVILLE CENTRAL SCHOOL DISTRICT

APPLICATION FOR PUBLIC ACCESS TO RECORDS

Date: \_\_\_\_\_

Requestor Name (Please Print) \_\_\_\_\_

Requestor's Signature \_\_\_\_\_

Requestor's Address and Phone # \_\_\_\_\_

Documents Requested: \_\_\_\_\_

(Please be specific and if appropriate include type of record, names, dates of employment, and date record was generated. For student information include date of birth and year graduated.)

**Request #1**

\_\_\_\_\_ # of copies \_\_\_\_\_

FOR AGENCY USE ONLY:  Approved  Denied (Check reason below)

<input type="checkbox"/> Confidential disclosure	<input type="checkbox"/> Part of Investigatory Files
<input type="checkbox"/> Unwarranted Invasion of Privacy	<input type="checkbox"/> Record cannot be found
<input type="checkbox"/> Record is not maintained by this Agency	<input type="checkbox"/> Exempted by status other than the Freedom of Information Act
	<input type="checkbox"/> Other (Specify)

**Request #2**

\_\_\_\_\_ # of copies \_\_\_\_\_

FOR AGENCY USE ONLY:  Approved  Denied (Check reason below)

<input type="checkbox"/> Confidential disclosure	<input type="checkbox"/> Part of Investigatory Files
<input type="checkbox"/> Unwarranted Invasion of Privacy	<input type="checkbox"/> Record cannot be found
<input type="checkbox"/> Record is not maintained by this Agency	<input type="checkbox"/> Exempted by status other than the Freedom of Information Act
	<input type="checkbox"/> Other (Specify)

**Request #3**

\_\_\_\_\_ # of copies \_\_\_\_\_

FOR AGENCY USE ONLY:  Approved  Denied (Check reason below)

<input type="checkbox"/> Confidential disclosure	<input type="checkbox"/> Part of Investigatory Files
<input type="checkbox"/> Unwarranted Invasion of Privacy	<input type="checkbox"/> Record cannot be found
<input type="checkbox"/> Record is not maintained by this Agency	<input type="checkbox"/> Exempted by status other than the Freedom of Information Act
	<input type="checkbox"/> Other (Specify)

Mail information to: \_\_\_\_\_

Fax information to: \_\_\_\_\_

Send Via Bus Mail to: \_\_\_\_\_

Retrieval Process By: \_\_\_\_\_ Date Retrieval Sent: \_\_\_\_\_

Fee Charged (25¢ per page) \_\_\_\_\_

You have the right to appeal a denial of this application to the Board of Education

\_\_\_\_\_  
Signature of Records Access Officer

\_\_\_\_\_  
Date