PITTSFORD CENTRAL SCHOOL DISTRICT
APPLICATION FOR PUBLIC ACCESS TO RECORDS

TO: RECORDS ACCESS OFFICER

Name of Agency

Address

I hereby apply to inspect the following record(s)

For the following purpose(s)

Print Name ____________________________ Signature ____________________________ Date ______________

Representing ____________________________ Mailing Address ____________________________

FOR AGENCY USE ONLY

[ ] Approved Inspection [ ] Approved for Copies ____________ Pages at $__________ per page

Total Received $____________

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
[ ] Exempted by statute other than the Freedom of Information Act
[ ] Other (Specify) ____________________________

__________________________________________ ____________________________
Signature, Records Access Officer Date

NOTICE: You have a right to appeal a denial of this application to the Assistant Superintendent of Human Resources, who must fully explain his/her reasons for such denial in writing within thirty (30) business days of receipt of an appeal.

Name ____________________________ Business Address ____________________________

I hereby appeal:

__________________________________________ ____________________________
Signature Date

3/21/19

Pittsford Central School District