APPLICATION FOR PUBLIC ACCESS TO RECORDS

This form language is optional but may enhance your use of the Freedom of Information Law.

TO: Records Access Officer, Laf	ayette Central Schools	
I hereby request the following rec	ord	
If possible, I would like th	is record (please select one)): \square emailed to me (a copy charge may apply)
OR		☐ mailed to me (a copy charge may apply)
I hereby apply to come in to inspe	ect the following record	
Signature	Print Name	Date
Email Address	Mailing	Address
*One form per request. Please att		************
☐ Approved Inspection ☐	Approved for Copies [☐ Pages at \$.25 per page
Total Received \$		
Denied (for the reason(s) checked	below)	
☐ Confidential Disclosure		
☐ Unwarranted Invasion of Pers	sonal Privacy	
☐ Record of which this agency	is legal custodian cannot be	found
☐ Record is not maintained by t	his agency	
☐ Exempted by statute other that	n the Freedom of Informati	ion Law
Other (Specify)		
Signature, Records Access Office		ר על

NOTICE: You have the right to appeal a denial of this application to Records Appeal Officer, in writing within thirty days of your receipt of the denial. Records Appeal Officer must fully explain his/her reasons for such denial in writing within ten business days of receipt of an appeal.