



# Application for Public Access to Records

## APPLICANT INFORMATION

Name: \_\_\_\_\_ Home: \_\_\_\_\_  
Address: \_\_\_\_\_ Work: \_\_\_\_\_  
\_\_\_\_\_ Zip: \_\_\_\_\_ Cell: \_\_\_\_\_

## I HEREBY APPLY TO INSPECT THE FOLLOWING RECORD(S)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SIGNATURE

Electronic Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTICE: You have the right to appeal a denial of this application to the Superintendent of Schools, P.O. Box 249 Whitney Point, NY 13862 within thirty (30) days. The Superintendent of Schools must fully explain, in writing, within ten (10) days the reasons for further denial or provide access to the records sought.

## DETERMINATION OF RECORDS ACCESS OFFICER

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

( ) Approved Copying Cost: \$ \_\_\_\_\_ Method of Payment: \_\_\_\_\_

( ) Response sent: \_\_\_\_\_

( ) Denied – State Reason(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Return Form to: Whitney Point Central School District  
ATTN: Records Access Officer  
P.O. Box 249  
Whitney Point, NY 13862