APPLICATION FOR PUBLIC ACCESS TO RECORDS

(Instructions: Complete the following form in duplicate and present both copies to the officer indicated below)

TO: District Clerk — South Country Central School District

NAME: _____ PHONE #: _____

ADDRESS: _____

□ I HEREBY APPLY TO INSPECT THE FOLLOWING RECORD(S) ***or***

□ RECORD(S) OR DOCUMENT(S) REQUESTED: _____

_____

_____

_____

Signature of Applicant: _____ Date: _____

Representing: _____

Mailing Address: _____

For Agency Use Only

This Application is: □ APPROVED □ DISAPPROVED

□ Disapproval of this application is based on:

□ Confidential Disclosure

□ Invasion of Privacy

□ Investigatory File

□ Records cannot be located by legal custodian

□ Records exempt by law

□ Other (specify)

_____ _____

Signature & Title Date

NOTICE: YOU HAVE THE RIGHT TO APPEAL A DENIAL OF THIS APPLICATION TO THE SUPERINTENDENT OF SCHOOLS, SOUTH COUNTRY CENTRAL SCHOOL DISTRICT, ADMINISTRATION BUILDING, 189 NORTH DUNTON AVENUE, EAST PATCHOGUE, NEW YORK 11772

I hereby appeal the denial of this application:

_____ _____

Signature Date