

# Clarence Central School District

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## Application for Public Access to Records (FOIL)

I hereby apply to inspect the following record: (please fill out one form for each record)

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Check appropriate line below:

- View Only \_\_\_\_\_
- Electronic copy \_\_\_\_\_
- Paper copy (\$.25/Page) \_\_\_\_\_

For the following purpose:

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Name (Print) \_\_\_\_\_

Group representing (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

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Contact information (telephone # - email) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **For District Use Only**

Approved for: (check lines that apply)

- View \_\_\_\_\_
- Electronic copy \_\_\_\_\_
- Paper Copy \_\_\_\_\_ Cost \_\_\_\_\_

Denied: (check all appropriate lines)

- Confidential Disclosure \_\_\_\_\_
- Part of Investigatory Files \_\_\_\_\_
- Unwarranted invasion of personal privacy \_\_\_\_\_
- Record is not maintained by this agency \_\_\_\_\_
- Record cannot be found \_\_\_\_\_
- Exempted by Statute \_\_\_\_\_

Records Officer (or Designee) Name (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Appeal Process**

You may appeal a denial to the Supt. of Schools.

I hereby appeal my denied request.

Signature \_\_\_\_\_ Date \_\_\_\_\_