

EAST MORICHES UNION FREE SCHOOL DISTRICT

**9 Adelaide Avenue
East Moriches, NY 11940**

APPLICATION FOR PUBLIC ACCESS TO RECORDS

**TO: Superintendent
East Moriches Union Free School District
9 Adelaide Avenue
East Moriches, NY 11940**

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

Signature: _____ Date: _____

Mailing Address: _____ Phone: _____

Representing: _____

FOR SCHOOL USE ONLY

APPROVED: _____

DENIED (for the reason(s) checked below)

- _____ Confidential Disclosure _____ Part of Investigatory Files
- _____ Unwarranted Invasion of Personal Privacy
- _____ Record of which this agency is custodian cannot be found
- _____ Record is not maintained by this agency
- _____ Exempted by statute other than Freedom of Information Act.
- _____ Other (specify) _____

Signature Title Date

FOR APPLICANT USE

NOTICE: You have the right to appeal a denial of this application to the Board of Education, East Moriches Union Free School District, who must fully explain the reasons for such denial in writing within seven (7) days of receipt of an appeal.

I HEREBY APPEAL:

Signature

Date

NOTICE OF INTENTION TO EXAMINE PUBLIC RECORDS

**TO: Superintendent, East Moriches Union Free School District
Records Access Officer**

Please take notice that I intend to examine, with the privilege of copying, particular records for which the East Moriches Union free School may be custodian and hereby request a date and time that such examination take place.

Name of Applicant: _____

Address of Applicant: _____

Signature of Applicant: _____

Date of Application: _____

FOR SCHOOL DISTRICT USE ONLY

Date received: _____

Date of Examination: _____

Time of Examination: _____

Signature: _____

**Board of Education Policy: 8100; 8100.1; 8100.2
3/26/80**