

LYNCOURT UNION FREE SCHOOL DISTRICT

2707 Court Street, Syracuse, NY 13208
P: 315-455-7571 F: 315-455-7573

APPLICATION FOR PUBLIC ACCESS TO RECORDS

To: RECORDS ACCESS OFFICER, Board of Education
Lyncourt Union Free School District
2707 Court Street, Syracuse, NY 13208

E-mail: cmarchese@lyncourtschool.org

I hereby apply to:

- () inspect the records at the District Office
- () receive copies of the requested record(s) sent to the below e-mail address electronically
- () request reproduction @.25 cents per page and authorize the business office to copy up to _____ pages

NAME OF APPLICANT: _____ PHONE # _____

Email _____ (please print)

FULL ADDRESS: _____

IN ACCORDANCE WITH PUBLIC INFORMATION LAW SECTION 89(2)(B) I CERTIFY THAT THE INFORMATION REQUESTED WILL NOT BE USED FOR ANY COMMERCIAL PURPOSE.

Under the provisions of the New York Freedom of Information Law, Article 6 of the Public Officers Law, I hereby request records or portions thereof pertaining to: *(please identify the records you are interested in clearly and by date, where applicable)*

SIGNATURE _____ DATE: _____

NOTICE: The Freedom of Information law requires that an agency respond to a request within five business days of receipt of a request. You have the right to appeal a denial of this application to the Superintendent of Schools of Lyncourt Union Free School District. Please submit appeal in writing to the Superintendent, who must then respond within ten days of the receipt of the appeal.

***** FOR OFFICE USE ONLY *****

Approved ()	Requested information sent by () Mail, () E-mail, () Picked up in person	Date: _____
Denied for the reason(s):	<input type="checkbox"/> Confidential disclosure <input type="checkbox"/> Part of investigatory files <input type="checkbox"/> Unwarranted invasion of personal privacy <input type="checkbox"/> Record of which this agency is legal custodians cannot be found <input type="checkbox"/> Record is not maintained by this agency <input type="checkbox"/> Exempted by statute other than the Freedom of Information Act <input type="checkbox"/> Other (specify) _____	
Notification of denial sent to applicant on : _____		
SIGNATURE: _____	Title: _____	Date: _____