

SCHOOL DISTRICT RECORDS FORM

Application for Public Access to Records

To: Records Access Officer Berlin Central Schools Board of Education

I hereby apply to inspect only or inspect and request reproduction of the following record @ \$0.25 per page: _____

Date Signature

I hereby acknowledge receipt of the reproduction of records.

Date Signature

Mailing Address:

Telephone Number:

FOR OFFICE 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 legal custodian cannot be found
- Record is not maintained by this agency
- Exempted by statute other than Freedom of Information Act
- Other
(specify): _____

Signature

Date

Title

NOTICE: YOU HAVE A RIGHT TO APPEAL A DENIAL OF THIS APPLICATION to the Board of Education, which must fully explain its reasons for such denial within ten calendar days of receipt of an appeal.

I hereby appeal

Signature

Date