Application for Public Access to Records

TO: Clerk, Board of Education
Cobleskill-Richmondville Central School
155 Washington Avenue
Cobleskill, New York 12043

I hereby apply to inspect the following record(s) (please be as specific as possible):

Please print/type your name, address and daytime phone number:

_____
_____
_____
_____Telephone: _____

_____ _____
(Signature) *(Date)*

(this space for agency use only)

APPLICATION APPROVED _____*CHARGE* *$*_____

APPLICATION DENIED _____

Reason denied:

_____ *1. Confidential disclosure*
_____ *2. Part of investigator files*
_____ *3. Unwarranted invasion of personal privacy*
_____ *4. Records of which this agency is legal custodian cannot be found*
_____ *5. Record is not maintained by this agency*
_____ *6. Exempted by statute other than the Freedom of Information Act*
_____ *7. Other (specify)* _____
_____

_____ _____
(Signature of Records Access Clerk or Designee) *(Date)*

NOTICE: *You have the right to appeal a denial of this application to the Superintendent of Schools, Cobleskill-Richmondville Central School, 155 Washington Avenue, Cobleskill, New York 12043. The Superintendent of Schools must explain the reasons for such denial in writing within ten (10) days of receipt of an appeal.*

I HEREBY APPEAL:

_____ _____
(Signature) *(Date)*