SYOSSET CENTRAL SCHOOL DISTRICT
APPLICATION FOR PUBLIC ACCESS TO RECORDS

TO: RECORDS ACCESS OFFICER
SYOSSET CENTRAL SCHOOL DISTRICT
P.O. Box 9029
Syosset, New York 11791

I hereby apply to inspect only or inspect and request reproduction of the following record(s) at a prescribed fee: _____

_____

_____

If requesting directory information, please state purpose(s):

_____

_____ _____ _____
Print Name Signature Date

_____ _____
Representing Mailing Address

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FOR OFFICE USE ONLY

[ ] Approved Inspection [ ] Approved for Copies _____Pages of $_____ per page

Total Received $_____

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
[ ] Names, addresses and telephone numbers of students may not be disclosed for commercial or fundraising purposes
[ ] Exempted by statute other than the Freedom of Information Act
[ ] Other (Specify) _____

_____ _____
Signature, Records Access Officer Date

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NOTICE: You have a right to appeal a denial of this application to the Deputy Superintendent, Syosset Central School District, P.O. Box 9029, Syosset, New York 11791 who may grant access or continue the denial. In case the denial is continued, the Deputy Superintendent will fully explain his/her reasons in writing within ten working days of receipt of this appeal.

I hereby appeal: _____ _____
Signature Date