

**MOUNT SINAI UNION FREE SCHOOL DISTRICT
MOUNT SINAI, NEW YORK 11766**

APPLICATION FOR PUBLIC ACCESS TO RECORDS

To: Maureen Poerio, Records Access Officer

From: Name _____ Date: _____

Address _____ Telephone _____

Town _____ Representing _____

I hereby apply for the following record(s): *[Important notation: The Records Access Officer's obligation is to retrieve the record(s) requested. The officer is not permitted to question you about your request, interpret your request, or create a record to fulfill your request. Therefore, you must be specific, reasonably describing the document you are requesting by way of, if possible, supplying dates, file designations, or any other information that would assist in locating the requested document.]*

Record Requested	Code	Cost
1.		
2.		
3.		
4.		

DETERMINATION CODES

1. Request Approved	2. Denied - record not maintained by the District
3. Denied - if disclosed would result in unwarranted invasion of personal privacy.	4. Denied - if disclosed would impair collective bargaining negotiations.
5. Denied - record is inter or intra-agency communication not covered under statute.	6. Denied - request lacks reasonable description, therefore, not identifiable by the Access Officer.
7. Denied - exempt from disclosure by state or federal statute.	8. Denied - record requested is not maintained in a retrievable form.
9. Other:	

Note: Initial reply to request will be made within five business days. After receipt of photocopy fees of twenty-five cents per page (\$10.00 and under personal check, over \$10.00 certified check or money order), copies will be forwarded in order of receipt.

Signature

Date

You have the right to appeal a denial of this application to the Superintendent of Schools, namely:

**Superintendent of Schools
Mount Sinai School District
118 North Country Road
Mt. Sinai, New York 11766**

who must respond within ten (10) days of receipt of an appeal.

