

New Paltz Central School District

196 Main Street, New Paltz, New York 12561

Application for Public Access to Records

Dear Applicant:

We appreciate your taking the time to complete the application for access to records on the reverse side of this document. The information you provide helps us to locate the specific records you requested.

While it is our goal to meet your request as soon as possible, please understand that depending on the nature of your request or the current work load of the Records Access Officer, we may not be able to provide immediate or same day service.

If you are able to specify clearly the document(s) you are seeking, please provide that information on the records access application form. This will enable our staff to assist you in a more timely fashion.

Depending on the the nature of your request, photocopying of documents may be required in order to perform necessary redactions as recommended by school attorneys. Charges for photocopying may apply.

Please be assured that the Records Access Officer will make every effort to meet your request. However, as required by law, certain records are not available to the public. If your request cannot be met, an explanation will be provided. If you are not satisfied with that explanation, you may appeal in writing to the Appeals Officer.

Thank you for your patience and cooperation.

Board of Education

Application for Public Access to Records
New Paltz Central School District
196 Main Street, New Paltz, New York 12561

Please provide the following records for inspection:
(Describe the record or records being sought, using dates or other information that may help to identify the record you are requesting. Please be as specific as possible.)

Please check one or more of the following:

____ I apply to inspect the record(s).

____ I request reproduction of these records and understand that \$.25 per page will be charged.

____ I request the reproduction of a DVD of a particular meeting or presentation and understand that there will be a charge of \$.50 for each DVD.

____ I request the records be provided to me electronically, if available.

Name of Requestor _____ Date _____

Mailing Address _____

Phone _____ Email _____

Signature of Requestor _____

For office use

() Approved

() Denied for the following reason(s):

() Record of which this agency is legal custodian cannot be found

() Unwarranted invasion of personal privacy

() Record is not maintained by this agency

() Exempt inter- or intra-agency materials

() Exempted by statute other than the Freedom of Information Act

() Other - _____

Name _____ Title _____

Signature _____ Date _____

Notice: You have a right to appeal a denial of this application to the Appeals Officer,
196 Main Street, New Paltz, New York 12561.