TODAY'S STUDENTS. TOMORROW'S LEADERS.

BOARD OF EDUCATION

475 First Street Troy, NY 12180

(518) 328-5070 boe@troycsd.org

APPLICATION FOR PUBLIC ACCESS TO RECORDS

Persons seeking to access the public records of The Enlarged City School District of Troy, New York may make application to do so providing the information requested below and submitting the completed form to the Public Access Officer, Board of Education Office, 475 First Street, Troy, New York 12180.

Name and title of person seeking to access records:			
Last Name F	irst Name	Title (if any)	
Mailing Address			
ACCESS TO THE FOLLOWING RI	ECORD(S) IS REQUE	STED:	
(Please Check one) C	opy of Document	View Document	
Signature of Requestor		Date Requested	
FOR USE BY TROY SCHOOL DIS	TRICT ONLY:		
Your application for access to the re	ecords described abov	e is:	
APPROVED		DENIED	
REASON(S) FOR DENIAL:			
 () Confidential Disclosure () Unwarranted invasion of person privacy () Exempted by statute other than Freedom of Information Act ()Other: 	al () Record, of whe cannot be the () Record is not the	the Troy School District	
Signature of Records Access Office	 er	Dated	

NOTICE: You have the right to appeal the denial of this application to our Appeals Officer, The Enlarged City School District of Troy, 475 First Street, Troy, New York 12180. If the denial is sustained by the Appeals Officer, you will be provided with a written explanation of that decision within seven (7) days of receipt of your appeal. Also, copies of all appeals will be sent to Mr. Robert Freedman, Executive Director, State of New York, Committee on Open Government, 162 Washington Avenue, Albany, New York 12231.

I hereby appeal the denial of my application for ac	ccess to record(s) of the Troy School District.
Signature	- Date
* * * * * * *	* * * * * * * * *
ACKNOWL	<u>EDGEMENT</u>
Access to the records requested provided on:	Date
Signature	Date

COPIES OF RECORDS APPROVED FOR PUBLIC DISCLOSURE MAY BE OBTAINED AT A COST OF 25 CENTS PER PAGE, REGARDLESS OF SIZE OF PAGE.