



# TROY

CITY SCHOOL DISTRICT

## 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:

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Last Name	First Name	Title (if any)
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Mailing Address

### ACCESS TO THE FOLLOWING RECORD(S) IS REQUESTED:

(Please Check one)      \_\_\_\_\_ Copy of Document      \_\_\_\_\_ View Document

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Signature of Requestor

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Date Requested

### FOR USE BY TROY SCHOOL DISTRICT ONLY:

Your application for access to the records described above is:

\_\_\_\_\_ APPROVED

\_\_\_\_\_ DENIED

### REASON(S) FOR DENIAL:

- |  |   |
|--|---|
| <input type="checkbox"/> Confidential Disclosure                                       | <input type="checkbox"/> Part of investigatory files  |
| <input type="checkbox"/> Unwarranted invasion of personal privacy                      | <input type="checkbox"/> Record, of which Troy School is legal custodian, cannot be located |
| <input type="checkbox"/> Exempted by statute other than the Freedom of Information Act | <input type="checkbox"/> Record is not maintained by the Troy School District               |
| <input type="checkbox"/> Other: _____  |   |

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Signature of Records Access Officer

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Dated

(OVER)

**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 access to record(s) of the Troy School District.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\* \* \* \* \*

**ACKNOWLEDGEMENT**

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.**