

**WAPPINGERS CENTRAL SCHOOL DISTRICT
APPLICATION FOR PUBLIC ACCESS TO RECORDS**

Please print or type

Date Submitted _____

To the Wappingers Central School District Records Access Officer:

I hereby apply to inspect obtain a copy of (@ 25 | per page) the following record(s):

Be as specific as possible

Individual Submitting Application

Representing (if Applicable)

Mailing Address

Phone

Fax

Signature

(For District Use Only)

Interim Response (If Applicable)

Date _____

Final Disposition

Approved Describe Disposition of Application _____

Fee Charged (if any) _____

Denied for the reason(s) checked below:

- | | |
|---|--|
| <input type="checkbox"/> Confidential Disclosure | <input type="checkbox"/> Part of an Investigatory File |
| <input type="checkbox"/> Unwarranted Invasion of Personal Privacy | <input type="checkbox"/> Exempted by Statute |
| <input type="checkbox"/> Record of which the School District is Legal Custodian cannot be found | |
| <input type="checkbox"/> Other _____ | |

Record is not maintained by the School District

Signature of Records Access Officer

Date

Note: You have a right to appeal this decision to: Superintendent of Schools
Wappingers Central School District
167 Myers Corners Road, Suite 200
Wappingers Falls, NY 12590