

GOWANDA CENTRAL SCHOOL DISTRICT RECORDS EXHIBIT*Application for Public Access to Records*

To: Records Access Officer _____

Board of Education
Gowanda Central School District
Prospect Street
Gowanda, New York 14070I hereby apply to inspect only or inspect and request reproduction of the following record @
25 cents per page*: _____

Signature _____ Date _____

I hereby acknowledge receipt of the reproduction of records.

Signature _____ Date _____

Mailing Address _____

FOR OFFICE USE ONLY

Approved []

Denied (for the reason(s) checked below)

[]	Confidential disclosure
[]	Part of investigatory files
[]	Unwarranted invasion of personal privacy
[]	Record of which this agency is legal custodian cannot be found.
[]	Record is not maintained by this agency
[]	Exempted by statute other than the Freedom of Information Law
[]	Other (specify) _____

Signature/Title _____ Date _____

NOTICE: You Have A Right To Appeal A Denial Of This Application to the Superintendent of Schools, Gowanda Central School District, Who Must Fully Explain His/Her Reasons For Such Denial In Writing Within Seven Days of Receipt Of An Appeal.

I hereby appeal _____
Signature Date

* For documents larger than 9 x 14 inches, tape or cassette records, or computer printouts, the cost of reproduction or the program used.