FREEDOM OF INFORMATION LAW APPLICATION

To:

Records Access Officer

Ravena-Coeymans-Selkirk Central School District 15 Mountain Road, P.O. Box 100 Ravena, NY 12143 I hereby request pursuant to the New York State Freedom of Information Law: (FOIL) ☐ To inspect □ To receive copies of □ To inspect and receive copies of Public records of the Ravena-Coeymans-Selkirk School District described as follows: I understand that the District will charge a fee of \$.25 per page for photocopies up to 9" x 14", and the actual cost of reproduction for any record not reproduced/reproducible as a photocopy within those size parameters. Address: Phone: E-Mail Address: Signature:____ **AGENCY USE ONLY** Approved: Applicant contacted/records provided as follows: Denied for the following reason or reasons: ☐ Record exempted from disclosure by other Federal or State Statute ☐ Disclosure would constitute unwarranted invasion of personal privacy ☐ Disclosure would impair contract award or collective bargaining negotiations ☐ Record constitutes interagency/interagency material, which is not o Statistical or factual tabulations or date Instructions to staff affecting the public Final School District policy or determination External Audit Record consists of questions/answers for examination not yet administered for final time □ Record consists of computer access codes ☐ Record of which School District is legal custodian cannot be found ☐ Record is not maintained by School District Others: ☐ Fee Waived because: **APPEAL** Notice: You have the right to appeal the denial of any part of your request. The Appeal will be decided by the BOE in accordance with the requirements of FOIL. To submit an appeal, after receipt of a denial of your request, please sign and date this form below: I hereby appeal from the denial of my request for access to records: Signature Date