



Freedom of Information Act Request Form

TO: RECORDS ACCESS OFFICER

I hereby apply for a copy of the following record(s) at the cost of:

- a) \$.25 per page (paper) b) _____ per complete document (paper) c) _____ per complete document (compact disc)

(Name - please print) _____
(Signature)

Representing: _____

Mailing Address: _____

Phone: _____ Fax: _____

FOR AGENCY USE ONLY

APPROVED

DENIED for reason(s) check 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.
- Exempt by statute other than the Freedom of Information Act
- Other (specify _____)

Signature: _____ Title _____ Date _____

NOTICE: YOU HAVE A RIGHT TO APPEAL A DENIAL OF THIS APPLICATION TO THE HEAD OF THIS AGENCY

**Office of the District Superintendent
Putnam/Northern Westchester
BOARD OF COOPERATIVE EDUCATIONAL SERVICES
200 BOCES Drive
Yorktown Heights, NY 10598-4399**

WHO MUST FULLY EXPLAIN HIS REASON(S) FOR SUCH DENIAL IN WRITING WITHIN SEVEN DAYS OF RECEIPT OF AN APPEAL.

I HEREBY APPEAL:

Signature: _____ Date _____ Phone: _____

Address: _____