



6 Bluebird Road, South Glens Falls, NY 12803 Phone: 793-9617 Fax: 761-0723 www.sgfcSD.org

APPLICATION FOR ACCESS TO SCHOOL DISTRICT RECORDS

To: Records Access and Records Management Officer

I hereby apply to inspect the following record:

(Signature)

(Date)

(Representing)

(Telephone Number)

(Mailing Address)

FOR AGENCY USE ONLY

Approved []

Denied for the reason(s) listed below:

(Signature)

(Title)

(Date)

NOTICE: YOU HAVE A RIGHT TO APPEAL A DENIAL OF THIS APPLICATION TO THE APPEALS OFFICER WHO MUST FULLY EXPLAIN HIS/HER REASONS FOR SUCH DENIAL IN WRITING FIVE DAYS AFTER RECEIPT OF AN APPEAL.

I HEREBY APPEAL:

Signature

Date