



Application for Public Access to Records

APPLICANT INFORMATION

Name: _____ Home: _____
Address: _____ Work: _____
_____ Zip: _____ Cell: _____

I HEREBY APPLY TO INSPECT THE FOLLOWING RECORD(S)

SIGNATURE

Signature: _____ Date: _____

NOTICE: You have the right to appeal a denial of this application to the Superintendent of Schools, P.O. Box 2126 Binghamton, NY 13902-2126 within thirty (30) days. The Superintendent of Schools must fully explain, in writing, within ten (10) days the reasons for further denial or provide access to the records sought.

DETERMINATION OF RECORDS ACCESS OFFICER

Date Received: _____

() Approved Copying Cost: \$ _____ Method of Payment: _____

() Response sent: _____

() Denied – State Reason(s): _____

Return Form to: Binghamton City School District
ATTN: Records Access Officer
164 Hawley Street, P. O. Box 2126
Binghamton, NY 13902-2126