ARLINGTON CENTRAL SCHOOL DISTRICT
APPLICATION FOR PUBLIC ACCESS TO RECORDS

TO: Margie Flynn, Records Access Officer
Arlington Central School District
144 Todd Hill Road
LaGrangeville, New York 12540
mflynn@acsdny.org

I hereby apply to:
( ) inspect only,
( ) inspect and request reproduction @ 25 cents per page, or
( ) request reproduction @ 25 cents per page, or
( ) request an electronic version be sent to _____
(email address)

The following record(s):
_____
_____
_____
_____

Name of Application (please print): _____ Phone No.: _____ Email: _____

Mailing Address: _____

Representing (if applicable): _____

Signature: _____ Date: _____

If you are requesting a list of names and addresses, you must complete the following:
In accordance with the Public Officers Law, I certify that the information requested will not be used for solicitation or fundraising purposes.

Signature: _____ Date: _____

For School District Use Only

☐ Approved Inspection ☐ Approved for Copies _____Pages at $ .25 per page Total Received $ _____
☐ Approved for Email records-no charge

Records will be provided on or about _____

☐ **Denied, in whole or in part (for the reason(s) checked below)**
☐ Confidential disclosure
☐ Intra-agency or Inter-agency material
☐ Unwarranted invasion of personal privacy
☐ Record of which this agency is legal custodian cannot be found
☐ Record is not maintained by this agency
☐ Record sought cannot be found after diligent search
☐ Exempted by statute other than the Freedom of Information Law (specify) _____
☐ Other (specify) _____

_____ _____
Signature, Records Access Officer Date

NOTICE: You have a right to appeal a denial of this application to the Superintendent of Schools within 30 days of the date of this denial. Please submit an appeal in writing to the Superintendent at the above address, who will decide the appeal in writing within 10 business days of receipt of an appeal.