ELMIRA CITY SCHOOL DISTRICT APPLICATION FOR PUBLIC ACCESS TO RECORDS

TO: RECORDS ACCESS OFFICER

Elmira City School District 430 W. Washington Ave. Elmira, NY 14901

I hereby ap	ply to inspect th	e following record(s) _			
Print Name			Signature	Date	
Representing			Mailing Address		
*****	*******	**************************************		**************************************	
[] Approv	wed Inspection	[] Approved for C	opies	Cost \$	
Total Rece	ived \$				
Denied (fo	or the reason(s) c	hecked below)			
Unwar Record	l of which this ag l is not maintained ted by statute of	of Personal Privacy gency is legal custodian ed by this agency her than the Freedom of			
	Signature, Reco	rds Access Officer		Date	
*****	*****	*******	******	**********	
NOTICE:		y explain his/her reasor		n to the Superintendent of Schools l in writing within ten (10) business	
Name	Jame			Business Address	
I hereby ap	peal:				
Signature				Date	