

SCHOOL DISTRICT RECORDS EXHIBITS

Application for Public Access to Records

TO: Records Access Officer
Board of Education
Hudson City School District
Hudson, New York 12534

I hereby request the records of, or portion of the records, pertaining to:

I request to have access to these records by:

- Viewing the records in person (an appointment will be scheduled when records are available)
Having the records copied and mailed to me at the address below (payment for copies, per 1120-R, must be received prior to release of the records. You will be notified of the proper amount due.)
Having the records emailed to me at the following email address:

Printed Name: _____ Signature: _____

Date: _____ Contact phone number/email address: _____

Mailing Address: _____
(required)

FOR OFFICE USE ONLY

[] Approved [] Denied Date Request will be filled by: _____

Denied for the reason(s) checked below:

- Record cannot be found
Record is not maintained by this agency
Other (specify) _____

Printed Name& Title _____ Date: _____

NOTICE: You have the right to appeal to the Board of Education a denial of records from this office within 30 days of denial.

I hereby appeal the denial of requested records on the basis of: _____

HUDSON CITY SCHOOL DISTRICT

Printed Name: _____ Signature: _____

Date: _____