

APPLICATION FOR PUBLIC ACCESS TO RECORDS

TO: Records Access Officer
Marion Central School District
4034 Warner Rd
Marion, New York 14505

Telephone: (315) 926-2300

I HEREBY REQUEST A COPY OF THE FOLLOWING RECORD:

SIGNATURE: _____ DATE: _____

REPRESENTING: _____

MAILING ADDRESS: _____

FOR DISTRICT USE ONLY

() APPROVED

() DENIED

Record cannot be found ()

Record is not maintained by this Agency ()

RECORDS ACCESS OFFICER

SIGNATURE: _____ DATE: _____

NOTICE: You have the right to appeal a denial of this application. Provided you file such an appeal within thirty-five days of denial to the Superintendent of Schools, Marion Central School District, 4034 Warner Rd, Marion, New York 14505 (Telephone: (315) 926-2300)

I HEREBY APPEAL: _____

SIGNATURE

DATE