



LIBERTY CENTRAL SCHOOL DISTRICT



OFFICE OF THE SUPERINTENDENT
Dr. Patrick Sullivan, Superintendent of Schools

APPLICATION FOR PUBLIC ACCESS TO RECORDS

To: Records Access Office
Liberty Central School District
115 Buckley Street
Liberty NY 12754

Request submitted by: _____ Email _____ US Mail _____ Fax _____ In person _____

Name of Requester (please print) _____ Representing: _____

Street Address: _____

Cit/State/Zip: _____

Telephone: _____ Email: _____

Records Requested: *Provide as much specific detail as possible so the district can identify the information that you are seeking. You may attach additional papers if necessary.*

Signature _____ Date _____

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For School Use Only

Approved: _____ Records sent to: _____ Via _____

_____ Date: _____

Denied: _____ Record is not maintained by this agency. Notification date: _____

Signature _____ FOIL Officer, Liberty CSD Date: _____

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NOTICE: You have the right to Appeal of this Application to the Superintendent of Schools who must fully explain the reason for such denial in writing seven (7) days of receipt of an appeal: