APPLICATION FOR PUBLIC ACCESS TO DISTRICT RECORDS

To:	Manhasset Union Free	<u>{records@manhassetschools</u> School District	s.org}	
	200 Memorial Place Manhasset, New York 1	.1030		
	I (Print Name) hereby apply to inspect and/or obtain copies of the following record(s) at 25 cents per page. Pleas describe item(s):			
	[please describe records soug	jht]	
Signature			Date	
Mailii	ng Address			
EmailTelephone (H):				
B. I	hereby acknowledge rec	eipt of the reproduction of re	cords.	
Signature		Date		
Acce	ss Appeals Officer,	· · · · · · · · · · · · · · · · · · ·	of, may be appealed to: Records Manhasset, NY 11030 or y (30) days.	
C. I	hereby appeal the denia	l of my FOIL request for Dist	rict records.	
Signature			Date	
	+++++++++	++++++++++++++	-++++	
		FOR DISTRICT USE ONLY	<u>′</u>	
	Approved []	Denied [] (for the reason	n[s] checked below)	
[] [] [] [] []	The request does not reasonably describe any District records. The District does not maintain or possess the records requested. The records sought cannot be found after a diligent search. Another law prohibits disclosure of the requested records. Disclosure would constitute an unwarranted invasion of privacy.			
Signature / Title			Date	