AKRON CENTRAL SCHOOL DISTRICT
APPLICATION FOR PUBLIC ACCESS TO RECORDS

TO: RECORDS ACCESS OFFICER

_____
Name of Agency

_____
Address

I hereby apply to inspect the following record(s) _____

For the following purpose(s) _____

_____ _____ _____
Print Name Signature Date

_____ _____
Representing Mailing Address

****

For Agency Use Only

[ ] Approved Inspection [ ] Approved for Copies _____ Pages at $_____ per page

Total Received $_____

Denied (for the reason(s) checked below)

[ ] Confidential Disclosure [ ] Part of Investigatory Files
[ ] Unwarranted Invasion of Personal Privacy
[ ] Record of which this agency is legal custodian cannot be found
[ ] Record is not maintained by this agency
[ ] Exempted by statute other than the Freedom of Information Act
[ ] Other (Specify) _____

_____
Signature, Records Access Officer Date

****

NOTICE: You have a right to appeal a denial of this application to the Superintendent of Schools, who must fully explain his/her reasons for such denial in writing within ten business days of receipt of an appeal.

_____ _____
Name Business Address

I hereby appeal:

_____ _____
Signature Date