

**SCHOOL DISTRICT RECORDS EXHIBIT  
WESTHAMPTON BEACH UNION FREE SCHOOL DISTRICT  
WESTHAMPTON BEACH, NEW YORK 11978**

**1120-E**

APPLICATION FOR PUBLIC ACCESS TO RECORDS

To: Records Access Officer

From: Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Town: \_\_\_\_\_ Representing: \_\_\_\_\_

*I hereby apply for the following record(s): {Important notation: The Records Access Officer's obligation is to retrieve the record(s) requested. The officer is not permitted to question you about your request, interpret your request, or create a record to fulfill your request. Therefore, you must be specific, reasonably describing the document you are requesting by way of, if possible, supplying dates, file designations, or any other information that would assist in locating the requested document.}*

Record Requested	Code	Cost
1.		
2.		
3.		
4.		

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Note: Initial reply to request will be made within five business days. After receipt of duplication fees (by personal check for fees \$10.00 and under, by certified check or money order for fees over \$10.00), copies will be forwarded in order of receipt. The charge for copying records not exceeding 8-1/2 x 14 inches shall be 25 cents per page, and for other sizes it shall be the actual cost of reproduction, unless otherwise specified by law.

FOR OFFICE USE ONLY

Determination Codes	
1. Request Approved	5. Denied – record is inter or intra-agency communication not covered under statute.
2. Denied - record not maintained by the District	6. Denied – request lacks reasonable description, therefore, not identifiable by the Access Officer
3. Denied – if disclosed would result in unwarranted invasion of personal privacy.	7. Denied – exempt from disclosure by state or federal statute
4. Denied – if disclosed would impair collective bargaining negotiations.	8. Denied – record requested is not maintained in a retrievable form.
9. Other:	

\_\_\_\_\_  
Signature of Records Access Officer

\_\_\_\_\_  
Date

**You have the right to appeal a denial of this application within 30 days to the Superintendent of Schools, namely:**

Office of the Superintendent  
Westhampton Beach Union Free School District  
340 Mill Road  
Westhampton Beach, NY 11978  
Who must respond within ten (10) days of receipt of an appeal.

I hereby appeal \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date