APPLICATION FOR PUBLIC ACCESS TO RECORDS

TO: District Clerk, Levittown Public Schools
Levittown Memorial Education Center
150 Abbey Lane, Levittown, NY 11756

DATE: _____

Please check one option:

( ) I hereby request to inspect only the following record(s):

( ) I hereby request copies of the following record(s) at the cost of twenty-five cents per copy:

_____

_____

_____

_____

_____ _____ _____
NAME (please print) SIGNATURE DATE

_____
REPRESENTING

_____
MAILING ADDRESS

_____ _____ _____
EMAIL ADDRESS PHONE FAX NUMBER

FOR OFFICE USE ONLY

( ) Approved

Denied for reason(s) checked below:

( ) Confidential disclosure
( ) Part of Investigatory files
( ) Unwarranted Invasion of Personal Privacy
( ) Record of which this School District is Legal Custodian Cannot Be Found
( ) Record is Not Maintained by this School District
( ) Exempted by Statute Other Than the Freedom of Information Act
( ) OTHER (Specify) _____
_____

_____ _____ _____
SIGNATURE TITLE DATE

Notice: You have a right to appeal a denial of this application to the Records Appeals Officer of this school district: Dr. Tonie McDonald, Superintendent of Schools, Levittown Public Schools,Levittown Memorial Education Center, 150 Abbey Lane, Levittown, NY 11756, who must fully explain the reasons for such denial in writing within ten days of receipt of an appeal.

I HEREBY APPEAL

_____ _____
SIGNATURE DATE