

REQUEST FOR RECORDS

1240E

NAME: _____ DATE: _____

ADDRESS: _____ PHONE: _____

RECORDS REQUESTED (Describe fully): _____

Review _____ Copy _____ Signature _____

FOR RECORDS ACCESS OFFICER

Record has been reviewed: _____ Record copied: _____

No. of sheets copied: _____ Money received: _____

Record unavailable because 1) not in the Hicksville School District _____, 2) cannot be located _____, 3) record may be available at _____

Access is DENIED because _____

Date: _____ Records Access Officer: _____

FOR DEPARTMENT IN CUSTODY OF RECORD

Referred by Records Access Officer Yes _____ No _____

Record has been reviewed _____ Copies _____ Payment made: _____

Records not available because: _____

Records will be available on _____ Request completed: _____

Request denied and referred to: _____

Records Access Officer

Date: _____ Signed: _____

Requester is hereby notified that in the event an access to a record is denied, the requester has the right to appeal to the Superintendent of Schools of the Hicksville School District by signing below and filing this request with the District Clerk within thirty (30) days of denial.

I, _____ residing at _____

Hereby appeal the determination to deny my access to the above record.

Date: _____ Signature: _____