Lackawanna City School District

FREEDOM OF INFORMATION REQUEST

To: Freedom of Information Officer Lackawanna City School District 245 South Shore Blvd., Lackawanna, NY 14218

I hereby apply to receive a copy of the following records (s):_____

I understand that there is a fee of .25 per page for copying the records I am requesting. Signed: _____ Date: Representing: _____ Address: _____ -----FOR AGENCY USE ONLY Approved: \Box Denied: □ Confidential Disclosure □ Unwarranted Invasion of Personal Privacy □ Record Not maintained by this Agency □ Record for which this Agency is Legal Custodian Cannot Be Found □ Record is Part of Investigatory Files □ Exempted by Statute Other Than Freedom of Information Act \Box Other (specify):
 Signed:
 Date:
Title: _____ Fee: _____

Note: You have a right to appeal a denial of this application to the Freedom of Information Officer who must fully explain the reasons for denial with seven days of receipt of the appeal. *Superforms freedom of information 04.09*