

BAINBRIDGE-GUILFORD SCHOOL DISTRICT

Application for Public Access to Records

To: Records Access Officer
Board of Education

I hereby apply to inspect only or inspect and request reproduction of the following record(s)

@ 25 cents per page: _____

Signature: _____ Date: _____

I hereby acknowledge receipt of the reproduction of records.

Signature: _____ Date: _____

Mailing Address: _____

FOR OFFICE USE ONLY

Approved

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/Title: _____ Date: _____

NOTICE: You have a right to appeal a denial of this application to the head of this agency — **Superintendent of Schools Bainbridge-Guilford School District** — who must fully explain his/her reasons for such denial in writing within ten days of receipt of an appeal.

I hereby appeal:

Signature: _____ Date: _____