

**WALLKILL CENTRAL SCHOOL DISTRICT
1500 ROUTE 208, P. O. BOX 310
WALLKILL, NEW YORK 12589
(845) 895-7102**

APPLICATION FOR PUBLIC ACCESS TO RECORDS

TO: RECORDS ACCESS OFFICER

I, _____ hereby request a copy of the following record(s):
Name (please print)

SIGNATURE

DATE

EMAIL ADDRESS

PHONE NUMBER

REPRESENTING

MAILING ADDRESS

Please email the completed form to shansen@wallkillcsd.k12.ny.us.

FOR WALLKILL CENTRAL SCHOOL USE ONLY

APPROVED _____

DENIED _____

Record of which Wallkill Central School is Legal Custodian cannot be found. _____

Record is not maintained by Wallkill Central School. _____

Record is not disclosable under FOIL. _____

SIGNATURE

TITLE

DATE

NOTICE: YOU HAVE A RIGHT TO APPEAL A DENIAL OF THIS APPLICATION TO THE:

WALLKILL CENTRAL SCHOOL SUPERINTENDENT
KEVIN CASTLE
WALLKILL, NEW YORK 12589

THE SUPERINTENDENT MUST FULLY EXPLAIN HIS REASONS FOR SUCH DENIAL IN WRITING
SEVEN DAYS OF RECEIPT OF AN APPEAL.

I HEREBY APPEAL:

SIGNATURE

DATE