

**PORT JEFFERSON UNION FREE SCHOOL DISTRICT  
PORT JEFFERSON, NEW YORK 11777**

**APPLICATION FOR PUBLIC ACCESS TO RECORDS**

To: Records Access Officer

Date: \_\_\_\_\_

From: Name \_\_\_\_\_ Contact# \_\_\_\_\_  
/Email \_\_\_\_\_

Address \_\_\_\_\_

**I hereby apply for the following record(s): [Important notation: The Records Access Officer's obligation is to retrieve the record(s) requested. The officer is not permitted to question you about your request, interpret your request, or create a record to fulfill your request. Therefore, you must be specific, reasonably describing the document you are requesting by way of, if possible, supplying dates, file designations, or any other information that would assist in locating the requested document.**

**Record Requested**

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**DETERMINATION CODE(S):** \_\_\_\_\_

1. Request Approved	2. Denied - record not maintained by the District
3. Denied - if disclosed would result in unwarranted invasion of personal privacy.	4. Denied - if disclosed would impair collective bargaining negotiations.
5. Denied - record is inter or intra-agency communication not covered under statute.	6. Denied - request lacks reasonable description, therefore, not identifiable by the Access Officer.
7. Denied - exempt from disclosure by state or federal statute.	8. Denied - record requested is not maintained in a retrievable form.
9. Other:	

**DUPLICATION OF RECORDS COST \$ .25 PER PAGE.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

You have the right to appeal a denial of this application to the Deputy Superintendent, namely:

**Mr. Sean Leister  
Port Jefferson School District  
550 Scraggy Hill Road  
Port Jefferson, NY 11777**