

Alexandria Central School District
34 Bolton Avenue
Alexandria Bay, NY 13607

For the following purpose(s) _____

Representing	Mailing Address

FOR SCHOOL DISTRICT USE ONLY

Total Received \$

<input type="checkbox"/>	<input type="checkbox"/>	Confidential Disclosure	<input type="checkbox"/>	<input type="checkbox"/>	Part of Investigatory Files
<input type="checkbox"/>	<input type="checkbox"/>	Unwarranted Invasion of Personal Privacy			
<input type="checkbox"/>	<input type="checkbox"/>	Record of which this agency is legal custodian cannot be found			
<input type="checkbox"/>	<input type="checkbox"/>	Record is not maintained by this agency			
<input type="checkbox"/>	<input type="checkbox"/>	Exempted by statute other than the Freedom of Information Act			
<input type="checkbox"/>	<input type="checkbox"/>	Other (Specify)			

NOTICE: You have a right to appeal a denial of this application to the Superintendent of Schools, who must fully explain his/her reasons for such denial in writing within ten (10) business days of receipt of an appeal.

I hereby appeal:

Signature _____ Date _____