## JORDAN-ELBRIDGE CENTRAL SCHOOL DISTRICT APPLICATION FOR PUBLIC ACCESS TO RECORDS

TO:	Name of Agency					
	Address					
I hereby apply to inspect the following record(s)						
For the	he follo	wing purpose(	s)			
Print Name		Signat	Signature		Date	
Representing				Mailin	g Address	
****	*****	******	**************************************			*********
[ ] A	pprove	d Inspection	[ ] Approved for (	Copies	Pages at \$	per page
Total	Receiv	ved \$				
Deni	ed (for	the reason(s)	checked below)			
[ ] U [ ] R [ ] R [ ] E	Inwarra ecord of ecord is xempte	of which this ages not maintained by statute of	of Personal Privacy gency is legal custodia ed by this agency her than the Freedom	of Informat	e found	rt of Investigatory Files
	S	Signature, Reco	ords Access Officer			Date
****		,		******	******	*******
NOT	TICE:	who must full				Superintendent of Schools ng within ten (10) business
Nam	e			<u> </u>	Business Address	S
I here	eby app	eal:				
Signa	ature				Date	