

Access to Public Records  
Information Request  
Niagara Falls City School District

ACCESS TO PUBLIC RECORDS

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

In accordance with the Freedom of Information Act

I, \_\_\_\_\_, request to see the following records:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME (print): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
Witness

Submit completed form to: Human Resource Office, 630 66h St., Niagara Falls, NY 14304

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Office use Only

Copies at \$.25 per side. # sides \_\_\_\_\_ Cost \$ \_\_\_\_\_

\_\_\_\_\_  
approved / denied

Reason \_\_\_\_\_

Denial may be appealed by sending this copy with a written rational to the School District Attorney.