

**AKRON CENTRAL SCHOOL DISTRICT
APPLICATION FOR PUBLIC ACCESS TO RECORDS**

TO: RECORDS ACCESS OFFICER

Name of Agency

Address

I hereby apply to inspect the following record(s) _____

For the following purpose(s) _____

Print Name

Signature

Date

Representing

Mailing Address

For Agency Use Only

[] Approved Inspection [] Approved for Copies _____ Pages at \$_____ per page

Total Received \$_____

Denied (for the reason(s) checked below)

[] Confidential Disclosure

[] Part of Investigatory Files

[] Unwarranted Invasion of Personal Privacy

[] Record of which this agency is legal custodian cannot be found

[] Record is not maintained by this agency

[] Exempted by statute other than the Freedom of Information Act

[] Other (Specify) _____

Signature, Records Access Officer

Date

NOTICE: You have a right to appeal a denial of this application in writing to the Superintendent of Schools, within (30) days of the denial. The Superintendent must fully explain his/her reasons for such denial in writing within ten business days of receipt of an appeal.

Name

Business Address

I hereby appeal:

Signature

Date