

Plattsburgh City School District

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APPLICATION FOR PUBLIC ACCESS TO RECORDS

To: Records Access Officer, Board of Education
Plattsburgh City School District
49 Broad Street
Plattsburgh, NY 12901-2600

I hereby apply _____ to inspect only;
_____ to inspect and then may request reproduction of the following record(s) at a cost of
\$.25 per page (audio tapes \$5.00 per 120 minute tape);
_____ for a copy at a cost of \$.25 per page (audio tapes \$5.00 per 120 minute tape) of the
following record(s);
_____ for an electronic conveyance of the requested files, if such exists.

Caution: You may want to inspect documents before requesting a copy because the cost may be higher than you anticipate and you are responsible for any copying costs.

Signature: _____ Date: _____

Mailing Address: _____

Telephone: _____

I hereby acknowledge receipt of the reproduction of the records:

Signature: _____ Date: _____

- - - - - **FOR OFFICE USE ONLY** - - - - -

- Approved
- 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) _____

Records Access Officer: _____ Date: _____

I hereby appeal _____
Signature Date

– MISSION –

Our mission is to educate each student of the Plattsburgh City School District by creating challenging, supportive, and interactive learning that advances intellectual, physical, social, and cultural development.