



Massena Central School District

Freedom of Information Request Form

Name of Requestor: _____

Address of Requestor: _____

Signature of Requestor: _____

Phone Number: _____

Date of Request: _____

In accordance with the provisions of the New York State Freedom of Information Law, please provide me with copies of the following documents: (please be specific)

I understand that copies will be provided at a cost of \$.25 per copy. This amount is payable upon receipt of the documents.

I understand that I may review the requested records at no charge.

If documents are denied the reasons will be specified with the exemptions claimed for each page or passage.

If you are requesting personal records concerning yourself, you should have your signature notarized.

Request Approved _____

Request Denied _____

Date Processed _____

Signature of Officer _____

Additional Information and/or Notes
