

BELLEVILLE HENDERSON CENTRAL SCHOOL DISTRICT



8372 County Route 75
Adams, NY 13605
Main Office: 315-846-5411
Guidance Office: 315-846-5825
District Office: 315-846-5826
Fax: 315-846-5617



FOIL REQUEST FORM

Mr. Stephen T. Magovney
Records Access Officer
smagovney@bhpanthers.org
(315) 846-5826 Ext. 3203

FROM: (Please print your name, address and telephone number)

Mrs. Marisa K. Riordan
Records Access Officer
mrriordan@bhpanthers.org
(315) 846-5826 Ext. 3222

Pursuant to the state Freedom of Information Law, I hereby request the following record(s)/document(s) in the electronic form of Portable Document Format (pdf) as attachments via e-mail. These files should be provided in the requested format as directed by law (Ch. 223 of 2008) and BHCS BOE Policy #3310:

(Please reasonably describe the record(s) you are requesting to allow us to identify the record(s)/document(s) required.)

Please state the reason(s) for your request: *(Optional)*

Print Name

Signature

Date

Board of Education

John W. Allen, President
Adam J. Miner, Vice President
David P. Bartlett
Roger E. Eastman
Kurt E. Gehrke
Gary M. Ramsdell
Kristin J. Vaughn

BHCSD
Home of the Panthers



District/Business Office

Jane A. Collins, Superintendent
Scott A. Storey, Principal
Stephen T. Magovney, Business Manager
Marisa K. Riordan, District Treasurer
Sally A. Kohl, District Clerk

FOR DISTRICT USE ONLY

APPROVED

DENIED (for the reason(s) checked below)

_____ Confidential Disclosure

_____ In Litigation

_____ Unwarranted Invasion of Personal Privacy

_____ Record of Which This District is Legal Custodian but Cannot Be Found

_____ Record is Not Maintained by This District

_____ Exempted by Statute Other Than the Freedom of Information Act

_____ Other _____

Print Name

Signature

Date

Notice: You have a right to appeal a denial of this application to Superintendent, Ms. Jane A. Collins, Records Appeal Officer, at 8372 County Route 75, Adams, NY 13605, 315-846-5826, or jcollins@bhpanthers.org; who will fully explain the reason(s) for such denial in writing seven (7) days of receipt of the appeal.

I HEARBY APPEAL

Print Name

Signature

Date

Board of Education

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