

CHERRY VALLEY-SPRINGFIELD CENTRAL SCHOOL

P.O. Box 485 Cherry Valley, NY 13320 Telephone (607) 264-3265/264-9332 Fax (607) 264-3458

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Kevin Keane, Secondary Principal/ Technology Director
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REQUEST FOR RECORDS INSPECTION

Name _____ Date _____

Representing _____

Address _____

RECORDS DESIRED:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Signature _____

Inspection Authorized by _____
(NAME)

(TITLE)

Date _____

Records Seen/Received _____

Signature _____ Date _____

Cost: \$ _____ Paid _____
(Date)