

# Freedom of Information Law (FOIL) Requests

Send request to:  
CSI Records Access Officer/FOIL REQUEST  
404 Edison Ave.  
Buffalo, NY 14215

Fill in the following information to submit a FOIL request with Charter School of Inquiry  
Please print.

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Organization/Affiliation: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Title of Records Requested: \_\_\_\_\_

## Description of Requested Records:

Please provide a clear description of the record(s) sought. Data that is personal, private and/or sensitive (e.g., confidential, financial, medical, or health-related information) should not be put into the "Description" below.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I am requesting this information for the following reason (may select one or more):

- I am an individual seeking formation for person use
- I am a parent of a student
- I am affiliated with an educational organization
- I am a representative of, or affiliated with, the news media and this request is made as part of a news gathering effort

A fee of \$0.25 per page will be charged for requested records per CSI FOIL and OML Policy - Resolution 20140805-6f.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_