

HAWTHORNE CEDAR KNOLLS UNION FREE SCHOOL DISTRICT

FOIL Request Form

All fields are required to be completed. PLEASE EMAIL completed form to foilrequest@hcks.org.

Please do not include data that is personal, private and/or sensitive (*e.g. confidential, financial, medical or health related information*).

General Information

Requestor First Name: _____

Requestor Last Name: _____

Contact Information

Email: _____

Phone #: _____

Organization/Affiliation Information

Organization/Affiliation: _____

Address Line 1: _____

Address Line 2: _____

City: _____

State: _____ Zip Code: _____

Country: _____

Title of Requested Records: _____

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

Additional Information: *Please provide any additional information regarding your request.*

