Application for Public Access to Records

The Freedom of Information Law affirms your right to records reflective of how government operates (decisions and policies) that affect the lives of every New Yorker.

To request information from the records of the State University of New York at Empire State College, please complete this document.

Your name: ________________________________

Your address: ________________________________

City: ____________  State: ____  ZIP Code: ______

Your telephone number: _______________________

Description of records requested. Please be as specific and thorough as possible in providing information. If possible, supply any dates, titles, file designations or any other details that will help to find the information.

I hereby apply to inspect the following record(s):

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Period covered:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

______________________________  _______________________
Your signature  Date of application

Please complete this form and return it to: Records Access Officer, Empire State College, 2 Union Avenue, Saratoga Springs, NY 12866 or email it to Foil.Request@esc.edu.
For use by agency Freedom of Information officer only

_____ Records not possessed or maintained by Empire State College.
_____ Records cannot be found after a diligent search.
_____ Records requested were not adequately defined.
_____ Records contain trade secrets.
_____ Receipt of this request is acknowledged. You will receive a response as quickly as possible.

Note: The Public Officer’s Law requires that a governmental agency respond to this written request within five business days. There is no specific time limit, however, as to the time to produce the documents.

______________________________  ____________________________  _________
Signature  Title  Date

Date records made available: ____________

Costs, if any: _________

Check received: _________

Other Comments:


