

**Personal Privacy Protection Law Release  
State of New York  
Office of the State Comptroller  
Bureau of State Payroll Services**

**SECTION 1 Employee Information** *(Please print clearly)*

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Other names by which you've been known \_\_\_\_\_

Home Address \_\_\_\_\_

Daytime telephone number \_\_\_\_\_ E-Mail Address (if any) \_\_\_\_\_

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**SECTION 2 Releasing Information to Employee**

I, \_\_\_\_\_ authorize the Bureau of State Payroll Services, Office of the New York State Comptroller, to release the following payroll information. I am looking for (select one of the options below):

Payroll information for the following year(s) \_\_\_\_\_ My entire Payroll History \_\_\_\_\_

Other (provide specifics about the information you are looking for) \_\_\_\_\_

State agency of employment \_\_\_\_\_ Were you a student worker? Yes \_\_\_\_\_ No \_\_\_\_\_

Submit this information to me by: e-mail \_\_\_\_\_ verbally \_\_\_\_\_ U.S. mail \_\_\_\_\_

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**SECTION 3 Releasing Information to Others (\*Excluding Retirement Systems)**

I hereby grant the Bureau of State Payroll Services my written consent to release personal payroll information concerning me to the party named below. I have informed this party of the use(s) to which I have consented in Section 4 below. I specifically grant consent for the following:

1. Information to be disclosed \_\_\_\_\_

2. Person or entity to receive the information \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_ E-Mail Address (if any) \_\_\_\_\_

Submit this information to the above by: e-mail \_\_\_\_\_ verbally \_\_\_\_\_ U.S. mail \_\_\_\_\_

3. Expiration Date \_\_\_\_\_ (If left blank, the expiration date will be the day the information is provided.)

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**SECTION 4 Signature – Complete this section IN THE PRESENCE OF A NOTARY PUBLIC:**

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_ ss.

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_

to me known to be the individual described in and who executed the foregoing instrument, and duly acknowledged to me that (s)he executed the same.

Notary Public Signature: \_\_\_\_\_

(Affix stamp or print: Name, "Notary Public State of \_\_\_\_\_",  
Qualifying County, Registration Number and Commission Expiration Date)

Return this form to: Bureau of State Payroll Services  
Office of the State Comptroller  
110 State Street, 8th floor  
Albany NY 12236

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Please do not include Retirement System Forms with this request.

**THIS FORM IS TO REQUEST PAYROLL INFORMATION FOR NEW YORK STATE EMPLOYEES ONLY.  
THE NEW YORK STATE OFFICE OF THE STATE COMPTROLLER DOES NOT KEEP RECORDS FOR  
FEDERAL, COUNTY, CITY OR SCHOOL DISTRICT EMPLOYEES.**