Rev 03/13

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) _____

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 specific payroll information (such as paycheck dates, dates of service in question):_____

_____

State agency of employment_____ Submit this information to me by: e-mail __ verbally __ U.S. mail__

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.)

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

*Please do not send Retirement Systems Forms with this request. It is the responsibility of the former employer or the employee to forward the Retirement form to the Retirement System.

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.