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 _____

Last 4 Digits of Social Security Number _____ Other names by which you've been known _____

Home Address _____

Daytime telephone number _____ Fax number (if any) _____

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 fax___ e-mail___ verbally___ U.S. mail___

SECTION 3 Releasing Information to Others

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 _____ Fax number (if any) _____ E-Mail Address (if any) _____

Submit this information to the above by fax _____ 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 Petitioners/Creditors Requesting Information

Name_____

Address _____

Daytime telephone number _____ Fax number (if any) _____

E-Mail Address (if any) _____

Information Requested (such as status of order, stop and reissue of check) _____

Submit requested information to the above by: fax _____ e-mail _____verbally _____U.S. mail _____

SECTION 5 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 and known to be the same person described in and who executed the forgoing instrument, and (s)he 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 Office of the State Comptroller, Bureau of State Payroll Services 8th Fl 110 State Street, Albany NY 12236 or fax to (518) 473-5608