



Alfred State College/ University Police Freedom of Information Request for Records

All requests must be made in writing. This form may assist you in structuring your request. Please complete this form and submit via fax to (607)587-3295, or email to dressews@alfredstate.edu , or mail to:

FOIL Officer
Alfred State College
Wendy Dresser-Recktenwald
10 Upper College Drive
Alfred, NY 14802

Within five (5) business days this agency will respond to your request for records with a written acknowledgment of receipt and a statement of the approximate date when such request will be granted or denied.

Requestor Information (Required)		Date:	
Name:			
Mailing Address:	City:	State:	Zip Code:
Party You Represent:			
Your Firm/Organization Name & Address:			Telephone Number:

Identify or describe the SUNY record sought with sufficient specificity to enable Alfred State College to ascertain and locate the record. Please fill in all known or applicable information.

Record Information		
Type of SUNY Record Sought:		
Incident Number:	Incident Type:	Incident Date/Time:
Incident Location:		
Name(s) and Date(s) of Birth of Individuals(s) Involved:		
Other Descriptive Information of Record Sought:		

Note: This form is not intended for use as an appeal.