



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 either fax to 607-587-3295; or email foil@alfredstate.edu; or mail to:

Alfred State College – FOIL Officer
 Dr. Gregory Sammons
 Human Resources – Huntington Administration
 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)

Name:		Date:	
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.