

**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 \_\_\_\_\_ Fax number (if any) \_\_\_\_\_

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 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 \_\_\_

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**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.)

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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)