

Date of Request: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_

I hearby apply to inspect the following record(s):

\_\_\_\_\_  
\_\_\_\_\_

I represent: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Requests can be submitted in one of the following ways:

- Email: FOIL@binghamton.edu
- FAX: (607) 777-6453
- By Mail or delivered in person to: Binghamton University / Office of Associate Counsel  
Couper Administration Building 6th Floor, Room 614, PO Box 6000 Binghamton, NY  
13902

For questions call: (607) 777-4438

**Appeal Notice:** You have the right to appeal this determination in writing within 30 days to:

Kellie Dupuis, FOIL Appeals Officer  
State University of New York  
State University Plaza, Room S-411C  
353 Broadway  
Albany, New York 12246

This appeal will be decided, in writing, within ten business days of actual receipt of the Notice of Appeal.

**Office of Associate Counsel Use Only:**

Request is:  Approved  Denied

Reason for Denial: