



Records Access Officer

PO Box 6000
Binghamton, New York 13902-6000
FOIL@binghamton.edu

Date of Request: _____

Name of Requester (Please Print):

Requested Record(s):

I represent: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Signature of Requester: _____

Requests can be submitted via:
Email: FOIL@binghamton.edu
Mai