

## Personal Privacy Protection Law Sample Letters

### Requesting Records

Name (if known) or Privacy Compliance Officer  
Name of Agency  
Address of Agency  
City, NY, ZIP code

Dear \_\_\_\_\_:

Under the provisions of the Personal Privacy Protection Law, Article 6-A of the Public Officers Law, I hereby request a copy of (or: access to)

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(describe as accurately and specifically as possible the record or records you want, and provide all the relevant information you have concerning them).

If there are any fees for copying the records I am requesting, please inform me before you fill the request. (or: .... please supply the records without informing me if the fees do not exceed \$ \_\_\_\_\_).

If all or any part of this request is denied, please cite the reason(s) which you think justifies your refusal to release the information. As you know, the Personal Privacy Protection Law requires that an agency respond to a request within five business days of its receipt. Also, please inform me of your agency's appeal procedure.

In order to expedite consideration of my request, I am enclosing a copy of \_\_\_\_\_ (some document of identification).

Thank you for your prompt attention to this matter.

Sincerely,

Signature  
Name  
Address  
City, State, ZIP code

### Appealing a Denial of Access to Records

Agency Head or Appeals Officer  
Name of Agency  
Agency Address  
City, NY, ZIP code

Dear \_\_\_\_\_:

On \_\_\_\_\_ (date), I received a letter from \_\_\_\_\_ (individual's name) of your agency denying my request for access to \_\_\_\_\_ (description of information sought).

As required by the Personal Privacy Protection Law, the head or governing body of the agency, or whomever is designated to determine appeals, is required to respond within seven business days of the receipt of an appeal. If the records are denied on appeal, please explain the reasons for the denial fully in writing as required by law.

In addition, please be advised that the Personal Privacy Protection Law directs agencies to send appeals to the Committee on Open Government, Department of State, One Commerce Plaza, 99 Washington Ave., Albany, New York 12231.

Thank you for your prompt attention.

Sincerely,

Signature  
Name  
Address  
City, State, ZIP code

### **Requesting to Amend Records**

Name (if known) or Privacy Compliance Officer  
Name of Agency  
Agency Address  
City, NY, ZIP code

Dear \_\_\_\_\_:

By letter dated \_\_\_\_\_ I requested access to (use same description as in request letter). In viewing the information forwarded to me, I found that it was (inaccurate) (incomplete) (outdated) (not relevant).

Therefore, pursuant to the Personal Privacy Protection Law, Article 6-A of the Public Officers Law, I hereby request that you amend my record in the following manner: (Describe errors, new information, irrelevance, etc.)

In accordance with the law, I look forward to a response to this request within 30 business days of its receipt. If the correction or amendment is made, please inform me of the correction. If my request is denied, please indicate the reasons in writing and provide the name and address of the person to whom an appeal may be sent. Thank you for your assistance in this matter.

Sincerely,

Signature  
Name  
Address  
City, State, ZIP code

### **Appealing a Refusal to Amend Records**

Agency Head or Designated Appeals Officer  
Name of Agency  
Agency Address  
City, NY, ZIP code

Dear \_\_\_\_\_

By letter dated \_\_\_\_\_ to \_\_\_\_\_ (official to whom you addressed your amendment request), I requested that information held by your agency concerning me be amended. This request was denied, and I am

hereby appealing that denial. For your information, I am enclosing a copy of my request letter along with a copy of Mr/Ms \_\_\_\_\_'s reply. (If you have any additional relevant information, send it too.)

I hope that upon consideration of my reasons for seeking the desired changes, you will grant my request to amend the disputed material. However, in the event you refuse this request, please advise me of the agency procedures for filing a statement of disagreement. As required by law, please inform me of your determination within 30 business days of receipt of this appeal.

Thank you for your prompt attention to this matter.

Sincerely,

Signature

Name

Address

City, State, ZIP code