FREEDOM OF INFORMATION LAW NOTICE (FOIL)

Requesting Public Records
Requests for public documents and records maintained by the College may be made either in person, by e-mail or letter, to the Records Access Officer at the following address:

LaGuardia Community College
Jemma Robain LaCaille, Esq.
Records Access Officer
31-10 Thomson Avenue, Room E-512
Long Island City, New York 11101
Phone No: 718 482-5077

Your request must include the following information:

- The title(s) of documents (include as much details as possible)
- Dates
- File descriptions
- Additional information that would be helpful in identifying the document or record
- How you would like to receive the requested information, if it is approved
- A phone number to contact you between 9:00 a.m. and 5:00 p.m., if additional information is needed to process your request

Appeal Upon Denial of a Foil Request
If your request is denied in whole, or in part, we will explain the reason(s) and inform you how you may appeal our decision.

Fees
The cost for photocopying and electronic reproduction is as follows:
Photocopying – up to 25 cents for standard size documents (9 x 14 inches), or the “actual cost” of reproducing electronic or other records.

Copying & Inspection
Public records are available for copying and inspection Monday – Friday between the hours of 9:00 a.m. and 5:00 p.m. scheduled by the Records Access Officer.

New York State Committee on Open Government
General information on the New York State Freedom of Information Law.
http://www.dos.state.ny.us/coog/coogwww.html.
Freedom of Information Law Request (FOIL)

Please complete this form to request information under the Freedom of Information Law

CONTACT INFORMATION

Organization: ____________________________________________________________

________________________________________________________________________

Name:  ___________________________________________________________

Position:  ___________________________________________________________

Email Address:__________________________________________________________

Street Address:__________________________________________________________

City:__________________________  State:  ______________________________

County:________________________  Zip/Postal Code: _____________________

Telephone:_____________________
Fax: ________________________________

Please describe the records you are requesting in as much detail as possible, including dates and titles of documents, so that the Records Access Officer can accurately identify the records you are requesting.

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Indicate how you would like this information delivered to you (e.g. by mail, Fax up to 4 pages or in person at the College.)

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