PERSONAL INFORMATION FORM

Legal Name: First: ___________________ M.I.: ________ Last: ___________________

Do you currently or have you in the last 12 months, worked for a New York State Agency?
☐ Yes  ☐ No  If yes, what agency? ______

Are you a retiree of a New York State or New York City Retirement System?  ☐ Yes  ☐ No
If yes, which retirement system?
☐ New York State Teachers’ Retirement System  ☐ New York City Employees’ Retirement System
☐ New York State & Local Employees’ Retirement System  ☐ SUNY Optional Retirement Program
☐ New York State & Local Police & Fire Retirement System  ☐ Other ______

Gender:  ☐ Male  ☐ Female

Ethnicity: Are you Hispanic/Latino?  ☐ Yes  ☐ No
Race category – Even if you have identified yourself as Hispanic or Latino, please indicate what you consider your race to be.
Is your race (select all that apply):
☐ American Indian or Alaska Native  ☐ Asian
☐ Black or African American  ☐ Native Hawaiian or Other Pacific Islander
☐ White

Disability Status:  ☐ Not Disabled  ☐ Visually Impaired (Not Legally Blind)
☐ Acoustically Impaired  ☐ Legally Blind
☐ Learning Disabled  ☐ Mobility Impaired
☐ Multiple Impairment  ☐ Other Impairment

Veteran Status:  ☐ Non-Veteran  ☐ National Guard Active
☐ Active Reserve  ☐ Special Disabled Veteran
☐ Armed Forces Service Medal Veteran  ☐ Spouse of 100% Disabled Veteran
☐ Disabled Veteran  ☐ Veteran
☐ Disabled Vietnam Era Veteran  ☐ Vietnam Era Veteran
☐ Disabled Vietnam Era Veteran from NYS  ☐ Vietnam Era Veteran From NYS
☐ Other Eligible Veteran

Volunteer Firefighter:  ☐ Yes  ☐ No

EMERGENCY CONTACT INFORMATION: In the event of a sudden illness, accident or other emergency, please notify the following:

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<th>First Name</th>
<th>Last Name</th>
<th>Relationship</th>
<th>Work Phone</th>
<th>Home Phone</th>
<th>Cell Phone</th>
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Address:

Names of any emergency contacts on record that you would like to delete: __________________________

Please Note: The information on this form is subject to the maintenance and dissemination guidelines set forth in the New York Public Officer’s Law. Please see reverse for further details.
STATE OF NEW YORK PRIVACY NOTICE

SECTION 94 (1) (D) OF THE NEW YORK PUBLIC OFFICERS LAW REQUIRES THIS NOTICE TO BE PROVIDED WHEN COLLECTING PERSONAL INFORMATION FROM INDIVIDUALS

**Agency Name:** State University of New York  
**Division:** College at Plattsburgh

**Title of Official Responsible for Maintenance of the Information:** Executive Director of Human Resources

**Telephone Number:** (518) 564-5062

**Business Address of Official:** Plattsburgh State University of New York  
Kehoe Administration Building, Room 912  
Plattsburgh, New York 12901-2681

**Authority Which Permits the Maintenance of the Information:**
- Educational Law 355.a.
- Title VII Civil Rights Act 1964
- Social Security Law
- Collective Agreements between the State of New York and respective bargaining units, including Memoranda of Understanding
- State Insurance Laws and Rules
- Tax Law
- Immigration Law
- Military Records Law
- State Investment Law
- Civil Service Law
- Veterans Law
- Volunteer Fire Law
- Federal and State Equal Opportunity Laws
- Public Officers Law

**The Consequences, if any, of Not Providing All or Any Part of the Requested Information:**
Loss of right under law to secure benefits.

**The Principal Purpose(s) Within the Agency for Which the Information is to be Used:**
Identification, employment, compensation, benefits, employee relations, affirmative action compliance and information reports within the campus and SUNY system.

**Known or Foreseeable Transfers of the Information:**
Civil Service, FBI, Unemployment, IRS, Health insurance, Medicare, Retirement Systems, GHI-Dental, Banks, Merchants, Referral of candidates, Negotiating Units, Other State Agencies, System Administration, Immigration and Naturalization Services, Benefit Carriers, Division of Budget, Office of the State Comptroller