

**NEW YORK STATE ETHICS COMMISSION  
FOR THE UNIFIED COURT SYSTEM**

25 Beaver Street, Room 875  
New York, NY 10004  
Tel: (212) 428-2899/Fax: (212) 428-2896

**RELEASE OF ANNUAL STATEMENT OF FINANCIAL DISCLOSURE  
TO THE EMPLOYEE**

You may purchase a copy of your statement at our office for a fee of \$.25 per statement page, or through the mail for a fee of \$.25 per statement page, plus an additional \$1.00 mailing fee per statement. Statements filed for the current reporting year, and for the previous six years, are available. Do not send any money with this release; upon receipt we will call and advise you of the required fee.

**DATE OF REQUEST:**

FILER INFORMATION FOR CALENDAR YEAR(S) _____ _____ _____	(Please print) NAME: _____  TITLE: _____
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I request that the Ethics Commission provide me with a copy of my financial disclosure statement without removing the categories of value or other confidential information from the copy.

**(CHECK ONE)**

Mail the copy to:

\_\_\_\_\_

\_\_\_\_\_

-OR-

I will come to the office to obtain my copy. Please call me to arrange an appointment. Telephone # (\_\_\_\_\_) \_\_\_\_\_  
(Area Code)

**SIGNATURE:** \_\_\_\_\_

**STATE OF NEW YORK** )  
: ss.:  
**COUNTY OF** )

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me personally came \_\_\_\_\_, to me known, who, being by me duly sworn, did depose and say that (s)he is the individual described in and who executed the foregoing instrument, and acknowledged that (s)he executed the same.

\_\_\_\_\_  
NOTARY PUBLIC