



**NASSAU HEALTH CARE CORPORATION
NASSAU UNIVERSITY MEDICAL CENTER**

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**FREEDOM OF INFORMATION
REQUEST FOR RECORDS**

This form can be mailed to the attention of FOIL Administrator at the address listed above or e-mailed by attachment to foil@numc.edu.

ATTENTION: FOIL Officer

a. I would like access to the records described below, pursuant to the Freedom of Information Law (FOIL) by the following method:

- via email to: _____
- via inspection prior to obtaining copies, during normal business hours
- by providing paper copies (to address indicated below)

b. The records I am requesting are: (provide as much detail about the record as possible such as relevant dates, names, descriptions, etc.)

c. My contact information for purposes of this FOIL request is as follows:

1. Company Name: _____
2. Mailing Address: _____
3. Contact Name, Title: _____
4. Email Address: _____
5. Phone/Fax #: _____