



Statement of Financial Interest, Disclosure Consent Form

Employee Name: _____ **Employee Agency:** _____

You are a public official or employee who is or has been required under the Governor’s Code of Conduct (4 Pa. Code § 7.151, *et seq.*) to file a Statement of Financial Interest (SFI). A request has been received under the Right-to-Know Law (65 P.S. § 101, *et seq.*) for a copy of your SFI for the following year(s): _____. SFIs are collected and stored by the Office of Administration (OA) under 4 Pa. Code § 7.163, and are therefore records of OA.

The administration’s policy and preference in response to a RTKL request for an individual’s SFI is and has been to provide SFIs that display the individual’s personal financial information as that information was offered by you in the SFI. It is important to note that information that would jeopardize your identity or personal security such as bank account numbers, PIN numbers, or other personal identifiers is redacted from personal financial information disclosed in the SFI.

Due to the recent court decision, *PSSU Local 668 et al. v. Commonwealth of Pennsylvania, et al.*, 215 M.D. 2009, OA is now precluded from releasing your SFI containing your personal financial information without your consent. With your consent, the SFI(s) will be released as they would have been prior to the court decision cited above, with limited redactions for information that would compromise your identity or personal security as allowed under the RTKL and as described in the preceding paragraph. Please see the attached SFI containing your personal financial information that OA will release upon your consent.

In addition, OA will redact personal identification information from your SFI pursuant to the RTKL. Section 708 of the RTKL exempts from disclosure an individual’s home, cellular or personal phone number, social security number, and personal e-mail addresses, employee number, or other confidential personal identification number. 65 P.S. § 708(b)(6)(i). However, this personal identification exemption does *not* protect the name, position, salary, actual compensation or other payments or expenses, employment contract, employment related contract or agreement, or length of service of a public official or an agency employee.

Please complete this form to record your choice and return it to _____.

I agree, as evidenced by my signature below, to allow disclosure of my personal financial information in the context of the RTKL request specified above.

Employee Signature

Date

I do not agree, as evidenced by my signature below, to allow disclosure of my personal financial information in the context of the RTKL request specified above.

Employee Signature

Date

Received by OA AORO

Date