

**Interim Designation of Agent to Receive Notification of Claimed Infringement**

**Full Legal Name of Service Provider**

Suffolk County Community College

**Alternative Names(s) of Service Provider (including all names under which the service provider is doing business):**

sunysuffolk.edu

**Address of Service Provider**

533 College Road  
Selden, NY 11784

**Name of Agent Designated to Receive Notification of Claimed Infringement**

Louis J. Petrizzo  
College Deputy General Counsel

**Full Address of Designated Agent to which Notification Should be Sent**

Suffolk County Community College  
533 College Road, NFL 230  
Selden, NY 11784

**Telephone Number of Designated Agent**

(631)451-4705

**Facsimile Number of Designated Agent**

(631) 451-4974

**Email Address of Designated Agent**

[petrizzl@sunysuffolk.edu](mailto:petrizzl@sunysuffolk.edu)

**Printed Name and Title**

Louis J. Petrizzo  
Deputy College General Counsel