

2011-12 INTERNAL CONTROL CERTIFICATION

Dormitory Authority of the State of New York
Authority Name

Paul T. Williams, Jr.
President

515 Broadway
Authority Address

518-257-3000
Telephone Number

Karen E. Ehlinger
Name of Internal Control Officer

518-257-3331
Telephone Number

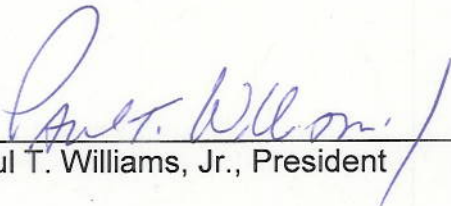
kehlinge@dasny.org
Email Address of Internal Control Officer

I hereby certify the authority is:

- Fully Compliant (Full compliance with all provisions)
- Partially Compliant (Partial compliance with some or all provisions)
- Not Compliant (Noncompliance with all provisions)

with the New York State Governmental Accountability, Audit and Internal Control Act.

This certification is supported with detailed justification of actions taken and/or outlines specific actions needed to address areas of partial compliance or noncompliance as described in the preceding Internal Control Summary.


Paul T. Williams, Jr., President

5/16/12
Date