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N.Y.C. Department of Social Service  
Bureau of Fraud Investigation  
250 Church Street \* Rm. 422  
New York, New York 10013

I hereby authorize the release of any and all information contained in my records and that such information and/or records be disclosed, furnished to, and/or examined by N.Y.C. Department of Correction for the purpose of determining my eligibility for appointment to the N.Y.C. Department of Correction. I acknowledge this authorization that I release you from any obligation of liability in the disclosure of the contents of such records.

Full Name – Printed \_\_\_\_\_ Candidate's Signature \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Public Assistant Recipient: NO \_\_\_\_\_ YES \_\_\_\_\_ Case No.: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
Previous Address: \_\_\_\_\_  
Maiden Name: \_\_\_\_\_ Mother's Full Maiden Name: \_\_\_\_\_  
Husband's Name/Wife's Full Maiden Name: \_\_\_\_\_  
Currently Employed: NO \_\_\_\_\_ YES \_\_\_\_\_ Name/Address of Employer: \_\_\_\_\_

Investigator \_\_\_\_\_ Shield# \_\_\_\_\_ Telephone # \_\_\_\_\_

**BUREAU OF CLIENT FRAUD REPLY**

\_\_\_\_\_ **No Record** \_\_\_\_\_ **Active Case** \_\_\_\_\_ **Closed Case** \_\_\_\_\_ **Center**  
Date Opened \_\_\_\_\_ Date Closed \_\_\_\_\_ Type of Benefits Received: \_\_\_\_\_  
Client's Name \_\_\_\_\_ Case No.: \_\_\_\_\_  
Client's Address: \_\_\_\_\_  
Family Composition – (Name, Date of Birth, Social Security No.): \_\_\_\_\_  
Cleared by: \_\_\_\_\_ Telephone \_\_\_\_\_ Date \_\_\_\_\_  
Additional Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_