

**AUTHORIZATION FOR RELEASE OF UNEMPLOYMENT INSURANCE RECORDS**

I \_\_\_\_\_, SS# \_\_\_\_\_

reside at \_\_\_\_\_

\_\_\_\_\_ and hereby authorize the New York State  
Department of Labor ("Department") to release unemployment insurance records  
for the period of \_\_\_\_\_ maintained by the Department under  
the above stated social security number.

These records may be released to \_\_\_\_\_

Whose address is \_\_\_\_\_

\_\_\_\_\_

This information is sought for the purpose of ***Candidate for Correction Officer*** and  
will be used solely for this purpose.

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_

Notary Public

***Department of Labor***

***Tel # (518) 485-8048***

***Fax # (518) 485-1271, (518) 457-9378***