

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 Tele# (518)-485-8048 Fax# (518) 457-9841