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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: _____

