

**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 **ALL PERIODS** maintained by the Department under the above stated social security number.

These records may be released to: **NYC Department of Correction**

Whose address is: **75-20 Astoria Blvd., Suite 130**

**East Elmhurst, NY 11370**

Fax #: **(718)278-6071**

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***