NEW YORK CITY DEPARTMENT OF CORRECTION
Joseph Ponte, Commissioner

Dr. Larry Johnson, Ed.D, Executive Director
Applicant Investigation Unit
Bulova Corporate Center
75-20 Astoria Blvd
East Elmhurst, NY 11370
Tel: 718 • 546 • 3238
Fax: 718 • 278 • 6071

Date: _____

To Whom It May Concern:

Pursuant to the written authorization below, it is requested that the New York City Department of Correction be furnished information contained in the school records of the student named below who is an applicant for appointment to this Department.

Specifically, it is requested that the information requested on the reverse side of this letter, including any pertinent comments from former teachers or other school personnel, be furnished as it appears on your records.

Your prompt attention to this matter will be appreciated.

Yours truly,

_____

Investigator, Squad #

*****AUTHORIZATION*****

I hereby authorize the release of any and all information contained in my school records or known to school personnel and that such information and/or records be disclosed, furnished to, and/or examined by the New York City Department of Correction for the purpose of determining my eligibility for appointment to the New York City Department of Correction. This authorization shall remain in effect until cancelled by me in writing.

_____ Social Security Number: _____

Full Name – Printed

Date of Birth: _____ Dates Attended School: _____

_____

Full Name If Different while Enrolled

_____

Candidate's Signature

High School Education 1

Candidate: _____

Exam #: _____

List #: _____

----------To Be Completed By Office Personnel ----------

Please Provide All or As Much Information As Possible

Dates of Attendance: _____ to _____ Day / Evening.

Degree, Diploma, or Certificate Received: _____

Previous School: _____

School Transferred to, if any: _____

Home Address: _____

Date of Birth: _____ Place of Birth: _____

Excessive Lateness? Yes____ No_____ If Yes, How Many?_____

Excessive Absentness? Yes____ No____ If Yes, How Many? _____

Ever Been Suspended? Yes ___ No ___ If Yes, When? _____

Grade Point Average: _____

Any Academic Probation? Yes_____ No _____ If Yes, When? _____

Any Disciplinary Actions Taken? _____

Is there any medical, psychiatric, or unusual behavior pattern, or any confidential information on file? Yes _____ No _____

If there is, please elaborate below – or if you would prefer to have the investigator contact you personally, please indicate below.

_____

_____

_____

_____

School Representative

_____

Title **Date**