



AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to the New York City Department of Correction, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my full and complete disclosure of records educational institutions; financial or credit institutions, including records of loans, the records of commercial or detail credit agencies (including credit reports and/or ratings); and other financial statements records wherever files; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veterans Administration; employment and pre-employment records including background reports, efficiency ratings, complaints of grievances filed by or other counsel whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest in.

I understand that any information obtained by a personal history background investigation, which I developed directly or indirectly, in whole or in part, upon this release the City of New York Department of Correction will consider authorization in determining my suitability for employment.

I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the Department of Correction from any and all liability that may be incurred as a result of collecting such information.

**A PHOTOCOPY OF THIS RELEASE WILL BE VALID AS AN ORIGINAL THEREOF,
EVEN THOUGH THE SAID PHOTOCOPY DOES NOT CONTAIN AN ORIGINAL WRITING OF MY SIGNATURE.**

I HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THIS "AUTHORIZATION FOR RELEASE OF MY PERSONAL INFORMATION".

DATE

SIGNATURE OF APPLICANT

Print Name

EXAM NO.

LIST NO.

DATE OF BIRTH

SOCIAL SECURITY NUMBER

Investigator