



**AUTHORIZATION FOR RELEASE
OF INFORMATION**

PD 407-159 (Rev. 02-09)

APD-25

NY0303000

Applicant Processing Division
4201 Fourth Avenue
Brooklyn, New York 11232
Tel: (718) 972-2013
Fax: (718) 972-7687

_____ Date

Exam No. _____ List No. _____

I, _____, do hereby authorize the Veterans Administration; United States Army; Navy; Air Force; Marines; Coast Guard; Military Reserves; all Law Enforcement Agencies; City, State, and Federal Tax Bureaus; Welfare and Unemployment Services; Credit Bureaus; Schools; Universities; Physicians; Hospitals and Institutions; all State, City and County Civil Service Commissions; and all Federal, State, City and Local Courts, including those records relating to a Youthful Offender Adjudication, including those pursuant to NYS CPL § 720.35; to furnish the New York City Police Department with any and all available information and copies of records as well as current and past civil service standings and the outcome of any investigations ongoing or discontinued regarding me. This information will be used to determine my suitability for possible appointment as a Police officer or Civilian Employee with New York City Police Department.

I authorize the New York City Police Department to make inquiry of my present and past employers regarding my character, integrity and reputation. (Make note if you do not wish to have your present employer contacted and provide an explanation below.)

I acknowledge by this authorization that I release you from any obligation or liability in the disclosure of the contents of such files and the professional observations or opinions contained therein.

- Yes, you may contact my present employer.
- No, I do not want my present employer contacted.

Explain: _____

Note: A photocopy of this authorization shall be considered as effective and valid as the original.

Signature of Applicant

Print Name

Sworn to me this _____

day of _____, 20____

Notary Public