City of New York
Police Department

Applicant Processing Division
Consent Form

DOB: _____   Exam: _____
Last 4 of social: _____   List:_____

I _____ candidate for the position of _____ with the New York City Police

Department, do give permission to be contacted via email at_____

for all relevant correspondence for my process for the said position with the New York City Police

Department.

I attest that I have read and understand listed procedure on the Applicant Processing Division's

Personnel History Questionnaire Booklet (APD-5) of any updates to any changes to my email address.

I also understand that the email address that is provided by me must solely be used by me.

                                                        _____

                                                        (Candidate Signature)

State of _____

County of _____
Sworn before me on the _____
Day of _____ 20 _____

                                                        _____

                                                        (NOTARY PUBLIC)