

**City of New York
Police Department**

**Character Assessment Section
Consent Form**

DOB: _____

Exam: _____

Last 4 Digits of SSN: _____

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 the listed procedure on the Character Assessment Section's Personal History Questionnaire Booklet (CAS-5/CAS-5A) regarding 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)