

Lynelle Maginley-Liddie, Commissioner

Lynn Grubiak, Deputy Commissioner of Human Resources

Roman Paprocki, Assistant Commissioner

Human Resources Applicant Investigation Unit

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Tel: 718•546•3248

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High school:
Address:

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.

Full Name - Printed
Date of Birth:
Last Four of the S.S.#:
Dates Attended School:

Full Name If Different while Enrolled

Candidate's Signature

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