



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**