



**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records concerning myself to the New York City Department of Correction, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my full and complete disclosure of records educational institutions; financial or credit institutions, including records of loans, the records of commercial or detail credit agencies (including credit reports and/or ratings); and other financial statements records wherever files; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veterans Administration; employment and pre-employment records including background reports, efficiency ratings, complaints of grievances filed by or other counsel whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest in.

I understand that any information obtained by a personal history background investigation, which I developed directly or indirectly, in whole or in part, upon this release the City of New York Department of Correction will consider authorization in determining my suitability for employment.

I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the Department of Correction from any and all liability that may be incurred as a result of collecting such information.

**A PHOTOCOPY OF THIS RELEASE WILL BE VALID AS AN ORIGINAL THEREOF,  
EVEN THOUGH THE SAID PHOTOCOPY DOES NOT CONTAIN AN ORIGINAL WRITING OF MY SIGNATURE.**

I HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THIS "AUTHORIZATION FOR RELEASE OF MY PERSONAL INFORMATION".

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
EXAM NO.

\_\_\_\_\_  
LIST NO.

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
LAST FOUR OF THE SOCIAL SECURITY #

\_\_\_\_\_  
Investigator