

# NEW YORK STATE POLICE

1220 Washington Avenue, Building 22  
Albany, New York 12226-2252

## AUTHORIZATION FOR RELEASE OF INFORMATION APPLICANT FOR EMPLOYMENT WITH THE STATE OF NEW YORK

**TO:** The U.S. Armed Forces, Maritime Service, Veteran's Administration, Selective Service Administration;  
 Any Academic Dean, Registrar, Principal, Guidance Counselor or authorized person at any: School, College, University,  
 Business School, Trade School, Elementary or High School;  
 Any Local, State or Federal Law Enforcement Agency;  
 Any Past or Present Employer;  
 Any Credit Bureau or Retail Merchant's Association;  
 Any Bank or Financial Institution;  
 Any Insurance Company;  
 Any State, County, or Municipal Bureau of Vital Statistics Office;  
 Any State or Local Civil Service Agencies;  
 Any Grievance Committee or Disciplinary Committee;  
 Other: \_\_\_\_\_

I, \_\_\_\_\_ ,  
 (First Name, Full Middle, Last Name)

have applied for employment with the State of New York or other public employer. I am aware that my entire background will be thoroughly investigated. I hereby authorize and request the release to an authorized representative of the New York State Police, any and all information you have that concerns me, including academic transcripts, disciplinary matters, and if the position for which I am applying is that of a peace officer or police officer, sealed records pursuant to Section 160.50(1)(d) of the NYS Criminal Procedure Law. This authorization, or a reproduction thereof, shall remain in effect for a period of one year from the date of execution of this document.

\_\_\_\_\_ the position for which I am applying is that of a peace officer or police officer.  
 (Initials)

Previous Names Used: \_\_\_\_\_  
 (First Name, Full Middle, Last Name)

\_\_\_\_\_  
 (First Name, Full Middle, Last Name)

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

*In accordance with the Federal Privacy Act of 1974, you are hereby notified that your Social Security Number is not mandated by law. It is required by the New York State Police for this application process. Failure to disclose your Social Security Number will prohibit your application from being processed. The State Police will release your Social Security Number only for reasons required by law or with your written consent.*

Social Security Number: \_\_\_\_\_

Military Branch: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
 (Signature of Witness) \_\_\_\_\_  
 (Applicant Signature)

\_\_\_\_\_  
 (Address)

\_\_\_\_\_  
 (Address)

PLEASE SEND REPLY TO:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_