AUTHORIZATION FOR RELEASE OF UNEMPLOYMENT INSURANCE RECORDS

I _____, SS#_____

reside at _____

_____ and hereby authorize the New York State

Department of Labor ("Department") to release unemployment insurance records

for the period of **ALL PERIODS** maintained by the Department under

the above stated social security number.

These records may be released to: **NYC Department of Correction**

Whose address is: **75-20 Astoria Blvd., Suite 130**

East Elmhurst, NY 11370

Fax #: **(718)278-6071**

This information is sought for the purpose of ***Candidate for Correction Officer*** and will be used solely for this purpose.

Sworn to before me this

_____day of _____, 20____

_____

Notary Public

Department of Labor

Tel # (518) 485-8048

Fax # (518) 485-1271, (518) 457-9378