



Vincent Schiraldi, Commissioner
Nadene Pinnock, Deputy Commissioner
Human Resources & Applicant Investigation Unit (AIU)
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N.Y.C. Department of Social Service
Bureau of Fraud Investigation
250 Church Street * Rm. 422
New York, New York 10013

I hereby authorize the release of any and all information contained in my records and that such information and/or records be disclosed, furnished to, and/or examined by N.Y.C. Department of Correction for the purpose of determining my eligibility for appointment to the N.Y.C. Department of Correction. I acknowledge this authorization that I release you from any obligation of liability in the disclosure of the contents of such records.

Full Name – Printed _____ Candidate's Signature _____
Last Four of the Social Security Number _____ Date of Birth _____
Public Assistant Recipient: NO _____ YES _____ Case No.: _____
Current Address: _____
Previous Address: _____
Maiden Name: _____ Mother's Full Maiden Name: _____
Husband's Name/Wife's Full Maiden Name: _____
Currently Employed: NO _____ YES _____ Name/Address of Employer: _____

Investigator _____ Shield# _____ Telephone # _____

BUREAU OF CLIENT FRAUD REPLY

_____ **No Record** _____ **Active Case** _____ **Closed Case** _____ **Center**
Date Opened _____ Date Closed _____ Type of Benefits Received: _____
Client's Name _____ Case No.: _____
Client's Address: _____
Family Composition – (Name, Date of Birth, Last Four of the S.S.# No.): _____

Cleared by: _____ Telephone _____ Date _____
Additional Remarks: _____

