

AUTHORIZATION FOR RELEASE OF UNEMPLOYMENT INSURANCE RECORDS

I _____, Social Security No. _____

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 250**

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