New York State Department of Labor
Central Support Unit
P.O. Box 15130
Albany, NY 12212

---**AUTHORIZATION**---

Dear Sir/Madam:

I,_____FULL NAME_____ am a candidate for New York State Court Officer-Trainee position and I hereby authorize the New York State Department of Labor ("Department") to release unemployment insurance records for <u>all periods</u> maintained by the Department under the below stated social security number.

The records may be released and returned to:

State of New York Unified Court System
Office of Court Administration
Applicant Verification Unit
25 Beaver Street, 10th Floor
New York, NY 10004
Phone: 212-428-2777
Fax : 212-428-2778
avu@nycourts.gov

This information is sought for the purpose of a law enforcement background investigation, and will be used solely for this purpose.

First Name/Middle Initial		Last Name		
Current Street Address				Apt/Floor
City			State	Zip Code
Maiden Name/ Other Name(s) Known As		Phone #	Social Security #	

X_____   _____
Candidate's Signature   **Date**

Sworn to before me this

_____day of_____,20_____

_____
      Notary Public