



New York State Unified Court System
 Office of Court Administration
 Court Officer Staffing & Security Services
 Applicant Verification & Compliance Unit
 25 Beaver Street, 10th Floor, New York, NY 10004-2982
 Phone: 212-428-2777; Fax: 212-428-2778
avu@nycourts.gov
www.nycourts.gov/courtofficer-recruit



Authorization For Release of Information - Applicant

TO: The U.S. Armed Forces, Maritime Service, Veterans 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 Grievance Committee or Disciplinary Committee;
 Other: _____

I, _____
 (First Name, Full Middle, Last Name)

have applied for employment as a Court Officer with the New York State Unified Court System (court system). I am aware that my entire background will be thoroughly investigated by the court system. I hereby authorize and request the release to an authorized representative of the New York State Unified Court System, any and all information, including academic transcripts, disciplinary matters, and any sealed records pursuant to Section 160.50(1)(d) of the NYS Criminal Procedure Law in the possession of or in the records maintained by your organization. This authorization shall remain in effect for a period of one year from the date of execution. I also do hereby release any person(s) from any and all liability which may be incurred as a result of furnishing such information.

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

 (First Name, Full Middle, Last Name)

Date of Birth: _____ Place of Birth: _____

Address: _____

City, State Zip: _____

Military Branch: _____ (If Applicable) Dates of Service: _____

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 agency as part of the standard application process for the New York State Court Officer. Failure to disclose your Social Security Number will prohibit your application from being processed. The Court System will release your Social Security Number only for reasons required by law or with your written consent.

Social Security Number: _____

 (Applicant Signature)

 (Date)

PLEASE SEND REPLY TO AGENCY ADDRESS ABOVE