

Date: _____

N.Y.S. Department of Labor
Central Support Unit
P.O. Box 15130
Albany, N.Y. 12212

I, _____, SS#: _____
reside at _____, and
hereby authorize the New York State Department of Labor ("Department") to release
unemployment insurance records for all periods maintained by the Department
under the above stated social security number.

These records may be released to:

State of New York Unified Court System
Office of Court Administration
Applicant Verification Unit
25 Beaver Street - Room 1053
New York, N.Y. 10004

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

Signature

Sworn to before me this

_____ day of _____, 20_____

Notary Public