N.Y.C. Department of Social Services
Bureau of Client Fraud
180 Water Street, 17th Floor
New York, NY 10038

----------AUTHORIZATION----------

Dear Sir/Madam:

I,_____FULL NAME_____ am a candidate for New York State Court Officer-Trainee position and 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 the Office of Court Administration for the purpose of determining my eligibility for appointment to the Office of Court Administration in the position of Court Officer-Trainee. I acknowledge by this authorization that I release you from any obligation or liability in the disclosure of contents of such records.

ALL Information Must Be Printed Legibly

First Name/Middle Initial	**Last Name**		
Current Street Address			**Apt/Floor**
City	**State**	**Zip Code**	
Previous Address	**City/State**	**Zip Code**	
Maiden Name/ Other Name(s) Known As		**Spouse/Partner's Full Maiden Name**	
Mother's Full Maiden Name		**Your Social Security #**	
If Currently Employed – List Employer's Name & Address		**Provide Case Number if Ever Collected Public Assistance:**	

X _____ _____
Candidate's Signature **Date**

BUREAU OF CLIENT FRAUD REPLY

No Record_____ Active Case_____ Case Closed_____
Date Opened_____ Date Closed_____ Case No:_____
Client's Name_____
Address_____
Family Composition – (Name, Date of Birth, Social Security No.)
_____
_____
_____

Cleared by:_____Phone #_____Date:_____

Return To:

Office of Court Administration
Applicant Verification Unit
25 Beaver Street, 10th Floor, New York, NY 10004-2982
Phone: 212-428-2777; Fax 212-428-2778
avu@nycourts.gov