

THE CITY UNIVERSITY OF NEW YORK

BRONX COMMUNITY COLLEGE
PERSONNEL OFFICE ROOM 106

AUTHORIZATION FOR RELEASE OF INFORMATION

I am applying for a Position with The City University of New York and the information which I am requesting to be released is required to establish my eligibility for the position.

I hereby authorize you to release to _____ College of The City University Of New York any or all information requested that pertains to my education, employment history and performance.

If this request is for military records, I hereby authorize the National Personnel Records Center, St. Louis, MO., or other custodian of my military records to release to The City University of New York information or photocopies from my military Personnel and related medical records, including the information requested in the attached document (s) . This could include a photocopy of my DD Form 214, Report of Separation.

APPLICANT NAME: _____
(PLEASE PRINT)

ANY OTHER NAME YOU MAY BE KNOWN BY (THIS INCLUDES MAIDEN NAME)

PRESENT HOME ADDRESS:

SOCIAL SECURITY NUMBER: _____ - _____ - _____

SIGNATURE OF APPLICANT: _____ DATE: _____

DO NOT WRITE BELOW THIS LINE

STATE OF NEW YORK
COUNTY OF NEW YORK

This is to certify that this is a true copy of an authorization currently in the custody of the Personnel Office of _____ College of the City University of New York.

SIGNATURE _____ DATE _____

TITLE _____ NAME _____