



AUTHORIZATION FOR RELEASE OF INFORMATION

I, the undersigned, am applying to (check one) ___work ___volunteer with the City of Syracuse Department of Parks, Recreation, and Youth Programs and hereby authorize the Syracuse Department of Police to release to the requesting agency any criminal history on file under the following name(s):

PLEASE PRINT ALL INFORMATION

LEGAL GIVEN NAME: _____

ALSO KNOWN AS: _____

MAIDEN NAME: _____

DATE OF BIRTH _____

SOCIAL SECURITY NUMBER: _____

PRESENT ADDRESS _____

(STREET NUMBER / STREET NAME / APT #)

(CITY / STATE / ZIP CODE)

SIGNATURE: _____

DATE: _____

State of New York
County of Onondaga

On this ____ day of _____, 20____, before me came _____ personally known to me to be the individual described and who executed the foregoing instrument and acknowledged that (s)he executed the same.

(Notary Public / Commissioner of Deeds)