

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

Authorization for Release of Payroll or Personnel Records

To: _____
(Custodian of the Record) (Facility/Location)

From: _____
(Employee Name)

I, _____ hereby authorize release of
(Employee Name)

(Specify the Record, Information or Documents to be released)

To: _____
(Name/Title) (Address)

NOTE: CONFIDENTIAL CONTENTS: The material being released contains personal identifying information which is to be safeguarded as confidential. Personal identifying information includes social security numbers, insurance ID numbers, retirement system numbers, home address, home telephone number(s), and name of spouse or other family members.

Check if Applicable

- The party to whom this release is granted is not permitted to release, transmit, or disseminate copies or information from the released material to any other party without further authorization.
- The party to whom this release is granted is not permitted to reproduce or retain the released material. When it is no longer needed for the purpose for which the release was requested, it shall be returned to the custodian of the record at the address listed above.

(Employee Signature) (Date)

(Witness Signature) (Date)

cc: Employee
Employee's Personnel file