

AUTHORIZATION AND RELEASE OF PERSONAL INFORMATION INCLUDING TAX INFORMATION AND CERTIFICATION

A. I understand that if appointed, any false statement or information provided during the appointment process may result in dismissal. I further understand that this questionnaire is not, and is not intended to be, a contract of employment, nor does this questionnaire obligate any of the nominating entities in any way. You are hereby authorized to make any investigation of my background, including prior employment information and education preparation. You are also authorized to make any investigation of credit reports, court records and criminal activity through any law enforcement, investigative or credit agencies or bureaus of your choice. I hereby release from liability the nominating entities, its individual members and advisors, the State of New York, and all persons and agencies supplying such information to them, and I further release such persons and agencies from any obligation to provide me with notification of such disclosure.

B. I further authorize the Department of Taxation and Finance to disclose any of my tax information to the Governor's Appointments Office and:

(Check one of the following as applicable to your nominating authority):

- The New York State Senate
- The New York State Assembly
- The New York State Attorney General's Office
- The New York State Comptroller's Office
- The Office of Governor

My tax information includes whether I have filed returns in a timely manner, whether my returns are being audited and for what issues, and whether I have any unpaid tax liabilities and what efforts I am making to resolve those liabilities. This authorization will remain in effect from the date that I sign it and throughout the duration of any appointment with the State of New York, including by a public benefit corporation. I will commence no claim against the State of New York, the Department of Taxation and Finance and its officers if they make this disclosure according to this release.

My Social Security Number is: _____

I certify that I have reviewed the information in this questionnaire and that, to the best of my knowledge, the information I have supplied is complete, true and accurate.

Signature: _____

Print Name: _____

Date: _____

It is the policy of New York State that no person shall, on the basis of age, race, religion, creed, color, national origin, sexual orientation, military status, sex, disability, pre-disposing genetic characteristics, marital status, relevant criminal record history, domestic violence victim status, or gender identity be unlawfully excluded from participation in, be denied the benefits of, or be subject to discrimination in employment or any of the State's programs or activities.