



**State  
Police**

# Authorization for Release of Background Information

New York State Police  
1220 Washington Ave,  
Bldg. 22  
Albany, NY 12226

**TO:** The US Armed Forces, Maritime Service, Veteran's Administration, Selective Service Administration;  
Any Academic Dean, Registrar, Principal, Guidance Counselor, or authorized person at any School, College, University, Business School, Trade School, Elementary, or High School;  
Any Local, State, or Federal Law Enforcement Agency;  
Any past or present Employer;  
Any Credit Bureau or Retail Merchants Association;  
Any Bank or Financial Institution;  
Any Insurance Company;  
Any State, County, or Municipal Bureau of Vital Statistics Office;  
Any State or Local Civil Service Agencies;  
Any Grievance Committee or Disciplinary Committee;  
Other: \_\_\_\_\_

I, \_\_\_\_\_  
(First Name, Full Middle, Last Name)

have applied for employment with the New York State Police, State of New York, or other public employer or applied for a retired Member pistol permit. I am aware that my entire background will be thoroughly investigated. I hereby authorize and request the release to an authorized representative of the New York State Police, any and all information you have that concerns me, including academic transcripts, disciplinary matters, and if the position for which I am applying is that of a police officer, sealed records pursuant to Section 160.50(1)(d) of the NYS Criminal Procedure Law. This authorization, or a reproduction thereof, shall remain in effect for a period of one year from the date of execution of this document.

\_\_\_\_\_ The position for which I am applying is that of a  NYS Trooper.  NYSP civilian employee.  retired Member pistol permit.  
(Initials)  
 Police Officer.  NYS other public employer.  Tribal Police Officer.  Other: \_\_\_\_\_

Previous Names Used: \_\_\_\_\_  
(First Name, Full Middle, Last Name)  
\_\_\_\_\_  
(First Name, Full Middle, Last Name)

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Military Branch: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

*In accordance with the Federal Privacy Act of 1974, you are hereby notified that your Social Security Number is not mandated by law. It is required by the New York State Police for this application process. **Failure to disclose your Social Security Number will prohibit your application from being processed.** The State Police will release your Social Security Number only for reasons required by law or with your written consent.*

Social Security #: \_\_\_\_\_

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Signature of Witness)

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, Zip)

Please send email reply to:

\_\_\_\_\_ or fax to:

Attn: \_\_\_\_\_

( ) \_\_\_\_\_



State Police

# Notification and Authorization for Employment Credit Report

New York State Police  
1220 Washington Ave,  
Bldg. 22  
Albany, NY 12226

**Investigating Member:** This form should be completed in conjunction with the background investigation of the applicant. This form is not to be sent to any Credit Bureau. The original is to be retained in the Applicant's file at Division Headquarters to verify compliance with the Fair Credit Reporting Act and will be purged. The Applicant should be provided a copy of this form.

**Applicant:** The Federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords, and other businesses. (FCRA, 15 U.S.C. §§ 1681-1681u).

Congress has limited the use of consumer reports to protect consumers' privacy. All users must have a permissible purpose under the FCRA to obtain a consumer report. Section 604 of the FCRA contains a list of the permissible purposes under the law. Including:

- For employment purposes, including hiring and promotion decisions, where the consumer has given written permission (Sections 604(a)(3)(4) and 604(b).
- For pre-adverse and adverse action letters, you may contact the following to dispute any information you believe to be incorrect, in accordance with the FCRA:

PeopleFacts Consumer Dispute Process  
1-800-772-0130

I authorize the New York State Police to obtain a credit report on myself through the credit reporting agency of its choice. This authorization, or reproduction thereof, shall remain in effect for a period of one year from the date of execution of this document.

If an adverse employment decision is made due totally or partially to the information on the credit report, the Credit Bureau will give me a copy of the credit report, a summary of my rights under the Fair Credit Reporting Act, and the source of the credit report so that I may contact them, if I wish.

\_\_\_\_\_  
(Signature of Witness)

\_\_\_\_\_  
(Printed Name of Applicant)

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)