

Human Resources
Director (212) 772-4511
Deputy Director (212) 772-4451
Fringe Benefits (212) 772-4512
Reception (212) 772-4451
Fax (212) 650-3889



AUTHORIZATION FOR RELEASE OF INFORMATION

I am applying for a position with Hunter College of 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 Hunter 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 the other custodian of my military records to release to Hunter College of The City University of New York information and photocopies from my military personnel and related medical records, including the information request 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

CITY OF NEW YORK
BOROUGH OF MANHATTAN

This is to certify that this is a true copy of an authorization currently in the custody of the Office of Human Resources of Hunter College of The City University of New York.

SIGNATURE: _____ DATE: _____

NAME: _____ TITLE: _____