



**NEW YORK STATE UNIFIED COURT SYSTEM
OFFICE OF COURT ADMINISTRATION
COURT OFFICER STAFFING & SECURITY SERVICES
APPLICANT VERIFICATION UNIT
25 Beaver Street - Room 1053
New York, New York 10004
tel (212)428-2777
fax (212)428-2778
avu@courts.state.ny.us**



RANK #: _____

DATE: _____

I, _____
authorize the Office of Court Administration to secure any and all information that they may require from my records (school, employment, military, police, courts, social services, residence, etc.), for the purpose of determining my eligibility for the position of Court Officer in the New York State Courts.

I further request that these records be forwarded to the Applicant Verification Unit, Office of Court Administration, 25 Beaver Street, New York, New York 10004.

I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the Office of Court Administration and the State of New York from any and all liability which may be incurred as a result of collecting such information.

Witness

Candidate's Signature

FULL NAME: _____

PRESENT ADDRESS: _____

SOCIAL SECURITY NO. _____

