(Unit Designation)				
(Unit Address)				
(City, State, and Zip)				

(File Number) (Date)

SUBJECT: Authorization for Release of Information

TO: Any Medical Professional, Facility, or Association;

The US Armed Forces, Maritime Service, Veteran's or Selective Service Administration;

Any Academic Administrator at any Academic Facility;

Any Local, State, or Federal Law Enforcement Agency;

Any Past or Present Employer;

Any Credit Bureau, or Retail Merchants Association;

Any Insurance Company.

1. I, have applied for membership in (Applicant's First Name, Middle Initial, and Last Name)

the New York Guard. I am aware that my entire background will be thoroughly investigated and I hereby authorize and request the release of any and all information that you may have concerning me, including academic transcripts and disciplinary matters, to a representative of the New York Guard. This authorization, or a reproduction thereof, shall be valid for a period not to exceed one (1) year from the date indicated above.

2. Applicant Personal Data: (★ Refer to Privacy Act Statement at the bottom of this format)

Social Security Number:			
Home Street Address: City:		State:	Zip Code:
Date of Birth: Day: Place of Birth:	Month:		Year:
	(City or Town, County, State/Territory/Providence, and Country)		

(Signature of Witnessing Officer)

(Signature of Applicant)

(Print or Type Rank & Name of Witness))

[★] Privacy Act Statement: Authority for collecting this information is Section 3013 of Title 10 to the US Code, and Executive Order 9397. Publications containing this data are protected from disclosure (by any means of communication) to any person or agency pursuant to the Privacy Act of 1974 (Title 5 United States Code, δ 552a) and the Personal Privacy Protection Law (Public Officer's Law of New York Article 6-A). The information protected by these statutes is your home address and telephone number. The Primary use of this information is to determine your eligibility for enlistment, and the information may be disclosed to the individuals and agencies mentioned above. Furnishing the information on this form, including your Social Security Number, is voluntary, but failure to do so may result in disapproval of this enlistment.