

***In accordance with the Federal Privacy Act, upon completion of this form, it shall be returned to the CHIEF of the Islip Terrace Fire Department for privacy reasons and no copies shall be made by any member of the Islip Terrace Fire Department.***

## APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_, hereby authorize all licensing agencies, educational institutions, law enforcement agencies, present and former employers, and the military services to disclose their relevant and/or sealed records about me to the Islip Terrace Fire District whether the information be public, private or confidential nature, and I release them from any liability and responsibility from doing so.

This authorization, in original copy form, shall be valid for this and any future information, reports or updates that may be requested.

I understand that this form will accompany requests for official documents and confirmation of my credentials.

I will provide my social security number, any alias or maiden name, and a copy of my identification to the Islip Terrace Fire District.

DATE:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

Social Security No. \_\_\_\_\_

Copy of Driver's License Enclosed: \_\_\_\_\_

STATE OF NEW YORK  
COUNTY OF SUFFOLK:

On the \_\_\_\_ day of \_\_\_\_\_, before me personally appeared \_\_\_\_\_, to me known and why by me being duly, sworn, acknowledge to be the person described in and who executed the foregoing consent and who acknowledged to me that he/she executed the same for the purpose therein stated.

\_\_\_\_\_  
Notary Public

***Please mail completed, notarized form along with a copy of your driver's license to:***

**Islip Terrace Fire Department  
ATTN: Chief's Office  
264 Beaver Dam Road  
Islip Terrace, NY 11752**

*Or return to dispatch office in a sealed envelope addressed to the*  
**CHIEF OF THE ISLIP TERRACE FIRE DEPARTMENT**

**For Office Use Only:** Gray areas of forms DCJS-VFF & DCJS-9 will be signed off by the Chief of Department and submitted to the Board of Fire Commissioners for processing.

Date Submitted: \_\_\_\_\_ Chief (Signature): \_\_\_\_\_