C =	\sim T	חיי	N	1
SE	O I	ı	I٧	

Name: (Last)	(First)		(Middle)				Secretarion of a	no province			
											İ
I hereby authorize the Commissioner of Education to forward the content of my criminal history record as secured from DCJS and the FBI to the NYCBOE as a condition remployment application with the NYCBOE. I further understand that the Commissioner of Education is authorized to forward subsequent criminal history notifications received from DCJS to the NYCBOE.											
Signature:	Date:										
SECTION 3											
Signature of NYCBOE Office of Personnel Investigation Representative:) U R I (Q.W. \$ W.W.	P WKH HU LQ DFK W	& D W W K H2 ' K H I I	Z H J R U 2 66 3X 5E \$ R U P	K L \ GU MHFW VXSS	F RS G WRULPH RUW	K I RZQ OG(C BLIQR) F	DS PHQ WHU (CVRHF)	S - ×	H D H H O H F L D G R R EWX W	UV W W K W W W R R W B Q F C
SECTION 4											

68%0,**7**+,6)250TO: