



HUMAN RESOURCES
George Farber Administrative Center
71 Clinton Road, Garden City, NY 11530

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN :

I hereby authorize any representative of the Board of Cooperative Educational Services of Nassau County to obtain any information in your files pertaining to my employment.

For candidates applying for Related Services positions, Nassau BOCES will be checking the Federal Medicaid Watch List for Excluded Providers. Any candidate whose name appears on this Watch List shall be deemed disqualified.

This release is executed with full knowledge and understanding that the information is for the official use of the Board of Cooperative Educational Services of Nassau County. Should there be any question as to the validity of this release, you may contact me as indicated below:

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DATE

STREET ADDRESS

CITY, STATE, ZIP CODE

TELEPHONE NUMBER

\$ 33 / , & \$ 17 ¶ 6 6 , * 1 \$ 7 8 5 (

The following are people I request that you contact for a professional/work related reference:

	Name	Title	Business Address	Email Address	Phone Number
1					
2					
3					
4					
5					

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D U cc e2 35C TfYUcdeTU d: W d: U iUuc T d U U Ub eR'Sd dY UtcU i U d TUTeS dY lde WUc gY edW bT d
U S b SUUT TY RYd YY cd dec U TUb U TUbUh WccY U TUbYU dY bY cd dec Yd bi fUdUb cd dec dY bYY WTY cY
U UdSS b SdubYdSc b SU WYY YSeTY WYYec b SdSU T bUh WccY cUh YSeTY W S S YTRWd bW dUT UT S S TY
cUhe bW d dY bfYdY T UcdYfY U SUcd dec D U cc e2 35C c bfYUuae SSUcc d d U2 i CS ed: T d UbTUcY dUTi ed b e c
D U cc e2 35C c dTYsBY Y dU bd U i Wd Yd bi SdY Ycd U iUUGY Wc USdd S U c dY dUb c S TY c b bYU Uc
U i U dRUS ecU dUU iUuc bTU U TU dW b TeSfYU U d TUSY Y Y 9 b dY T bWf SU b SUTetWc W f YRU R
S d SdY dU gY YTYTe c d' 3Yd BT 7 bTU 3Y I D c S7bd 1ccYd dd dUCe UbYdU TU d 8e BUc etSUC
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DEPARTMENT OF HUMAN RESOURCES

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