



ZONE FIVE

*Regional Law Enforcement Training Academy
The Senator Hugh J. Farley Center*

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**AUTHORIZATION
FOR
RELEASE OF INFORMATION AND RECORDS**

I, _____ hereby authorize and consent to the
(First, Middle and Last Name)
release of my academic and/or training records and attendance records for the period while I was enrolled in any course at the Zone Five Regional Law Enforcement Training Academy, to the Chief Law Enforcement Officer of my agency of employment, or his/her designee, and/or Chief Law Enforcement Officer of any future agency of employment, or his/her designee, and/or the New York State Division of Criminal Justice Services – Office of Public Safety.

I hereby release the entity of and/or any agents of the entity of the Zone Five Regional Law Enforcement Training Academy, as the custodian of such records, from any liability for damages of whatever kind, which may at any time result to me because of compliance with this authorization.

DATE: _____
(Signature)

Sworn to (or affirmed) before me this _____ day of _____ 20____.

Notary Public or Commissioner of Deeds