

**UNITED STATES OF AMERICA  
AUTHORIZATION FOR RELEASE OF INFORMATION  
COURT INTERPRETERS**

**I Authorize** any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background check, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for access to confidential information.

**I Authorize** the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of employment suitability.

**I Understand** that the information released by records custodians and sources of information is for official use by the Federal Government, and that it may be redisclosed by the Government only as authorized by law.

**I Consent** to a full background investigation based upon the submission of my fingerprints to the FBI. If an electronic set of my fingerprints have been previously taken and are on file with the U.S. District Court for the Northern District of New York, I further authorize the Court to initiate a renewed background investigation upon the submission of my electronically stored fingerprints.

Copies of this authorization that show my signature are as valid as the original release signed by me.

This authorization is valid for two (2) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner.

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_ **(OR) No Middle Name:** \_\_\_\_\_

**Other Names Used:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Home Phone (10 digits):** \_\_\_\_\_

**Work Phone (10 digits):** \_\_\_\_\_

**Cell Phone (10 digits):** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Current Address:**

<b>Street Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature