



**Department of
Education**

Dennis M. Walcott, Chancellor

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____

Social Security No. _____

Declare and affirm, under the penalties of perjury, that I have read and understand the statements contained on the application for Withdrawal of Resignation and that the statements contained are true and correct to the best of my knowledge. I hereby authorize the verification or release of employment information listed on the application for my reinstatement.

Signature

Date