

**PRESBYTERY OF LONG ISLAND  
RELEASE OF INFORMATION  
AUTHORIZATION**

By copy of this authorization signed by me on \_\_\_\_\_(date) I hereby authorize the Presbytery of Long Island to make any and all inquiry necessary to verify the information supplied by me on the Child/Youth Information Sheet I have submitted.

By means of this release, I also authorize any previous employer, volunteer organization, and law enforcement agency and judicial authority to release any and all requested relevant information to the Presbytery of Long Island, 42 Hauppauge Road, Commack, New York 11725. (631-499-7171)

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(print name)

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

Social Security#: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_  
Telephone #: \_\_\_\_\_

\_\_\_\_\_  
(witness)

**FOR OFFICE USE ONLY:**

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_