

**City of New York
Police Department**

**Applicant Processing Division
Consent Form**

DOB: _____

Exam: _____

Last 4 of social: _____

List: _____

I, _____ candidate for the position of _____ with the
New York City Police Department, do give permission to be contacted via email at _____
_____ for all relevant correspondence for my process for the said position with
the New York City Police Department.

I attest that I have read and understand the listed procedure on the Applicant Processing Division's
Personnel History Questionnaire Booklet (APD-5A) regarding any changes to my email address.

I also understand that the email address that is provided by me must solely be used by me.

(Candidate Signature)

State of _____

County of _____

Sworn before me on the _____

Day of _____ 20____

(NOTARY PUBLIC)