

NEW YORK STATE UNIFIED COURT SYSTEM  
NYSCEF  
AUTHORIZATION/PERMISSION FORM

I, \_\_\_\_\_, am a Judge in the  
\_\_\_\_\_ Court in the County of \_\_\_\_\_.

I hereby authorize the following person(s) to be granted full access to all NYSCEF documents in all NYSCEF cases to which I am assigned. This access to documents shall be equal to my access as a Judge to any sealed, secure, or otherwise restricted cases or documents and will continue until revoked by me in writing.

NAME	USER ID
_____	_____
_____	_____
_____	_____
_____	_____

Dated: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature