



Release and Applicant Information Form

Please Print Clearly All Requested Information

Requestor Information:

Your Division: _HFS/History Center_ Contact Person: _Diane Masciale_____

Contact Phone: _407-836-8523_____ Contact Fax: _407-836-8520_____

Applicant/Subject Information:

Name: _____ Employee ID # _____
(Please Print Clearly All Requested Information)

Current Address: _____ City: _____ ST: _____ Zip: _____

Sex: _____ Date of Birth: ____/____/____
MM DD YYYY

Drivers License Number: _____ State: _____

Work Email: _____

In connection with any application made by me, I understand that investigative background inquiries may be made on me concerning matters of motor vehicle information. I understand that you may be requesting information from various Federal, State, and other agencies which maintain records concerning past activities relating to my driving records.

I authorize, without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from any liability and/or responsibility for doing so. I hereby consent to Orange County Government obtaining such information from Sonic e-Learning Inc. and/or any of their agents. This authorization and consent shall be valid in an original, fax or copy form. I recognize that these inquiries may be made randomly in the future and no further authorization is required by me.

Applicant's Signature: _____ Date: _____

LS/lk