

# VOLUNTEER FAMILY SERVICES DEPARTMENT

## RELEASE OF INFORMATION WAIVER

(Please read this carefully and sign in the presence of the Notary)

I respectfully request and hereby authorize you to furnish Orange County Government, the Human Resources Division, or its designee, any and all information/records that you may have concerning myself. This includes but is not limited to reputation, civil records, criminal conviction(s), and driver license information/driving history. Please include any and all report including all information of a confidential or privileged nature, and copies of same, if requested. This information is to be used to assist in determining my qualifications and suitability for the volunteer position I am seeking with Orange County Government.

This form may be used for the duration of my processing and does not expire. A photographic or faxed copy of this form shall be as valid as the original.

Print Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Signature: \_\_\_\_\_

Applicant will sign in ink on this line in the presence of a Notary Public.

**STATE OF FLORIDA**  
**COUNTY OF \_\_\_\_\_**

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

Personally Known       Produced Identification

Type of ID: \_\_\_\_\_