

**Brevard County**  
Board of County Commissioners

Applicant's name: \_\_\_\_\_

First

Middle

Last

Include other name (s) by which applicant may be known:

Applicant's current address: \_\_\_\_\_

Applicant's Driver's License Number and state: \_\_\_\_\_

Agency Contact Person: Ron Ricci

I, the undersigned, authorized and consent to any person, firm, organization, or corporation provided a copy (including photocopy or facsimile copy) of this **Authorization To Release Information** by the above-stated agency to release and disclose to such agency any and all information or records requested regarding me, including, but not necessarily limited to, my employment records, verification of education, volunteer experience, military records, criminal information records (if any), and background. I have authorized this information to be released, either in writing or via telephone, in connection with my application for employment or to be a volunteer at the agency.

Any person, firm, organization, or corporation providing information or records in accordance with this authorization is released from any and all claims or liability for compliance. Such information will be held in confidence in accordance with agency guidelines.

\_\_\_\_\_  
Signature of Prospective Employee/Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness to Signature

\_\_\_\_\_  
Date