

RELEASE OF INFORMATION

I, _____, hereby authorize any and all Federal, State and Local governmental or civil agencies, consumer reporting agencies, educational institutions, present or former employers and individuals who may have information on me in their records or files or by virtue of personal knowledge, to release such information as may legally be released under the Freedom of Information Act, the Fair Credit Reporting Act and other applicable Federal or State laws.

I understand that any and all information released to the Osceola School District by any agency, institution or individual shall be made known exclusively to New Dimensions Charter School. Further, I do hereby release, absolve, and agree to forever hold harmless Osceola School District, their agents, officers, contractors and employees and New Dimensions Charter School, and/or institutions who furnish information on me, from any and all liability. This also applies to any and all suits, actions, or causes of actions (including negligence) at law, claim, or demand of liability which I, my successors, assigns, heirs, executors or administrators have now or may ever have resulting directly, indirectly or remotely from said agencies, institutions or individuals having furnished information.

Signature Date

Notary:

State of Florida, County of _____ Sworn to and subscribed before me this _____
Day of _____, _____ by _____

_____ Personally known _____ or Produced _____ Identification.
Signature of Notary Public – State of Florida

Print, Type or Stamp Commissioned Name of Notary Public

The following information is used for identification and statistical purposes. It is not used in any manner considered discriminatory under EEOC guidelines.

PRINT ALL REQUESTED INFORMATION

Name: _____ Date of Birth _____ / _____ / _____

Social Security Number: _____ - _____ - _____ Race: _____ Sex: _____

Street Address Telephone

City State Zip

Driver's License: _____ State _____ Exp. date _____