

# Release and Applicant Information Form

Sonic e-Learning Inc.  
185 Bartley Drive, Suite #1  
Toronto, ON M4A 1E6  
Phone: (877) 867-6642 Fax: (866) 462-6316

## Requestor Information:

Company Name: BU Community Service Center Contact Person: Orpheo Speer  
Contact Phone: 617-353-4710 Contact Fax: 617-353-9424

## Applicant/Subject Information:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Please Print All Requested Information

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

Drivers License Expiration: \_\_\_\_\_

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 any potential employer 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 Email: \_\_\_\_\_

Applicant's BU ID number: \_\_\_\_\_

Applicant's Signature: X \_\_\_\_\_ Date: \_\_\_\_\_