



# Release and Applicant Information Form

Sonic e-Learning Inc.  
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*please print all requested information*

## **Requester Information:**

Company Name: Rhode Island School of Design Contact Person: Normand Gamache, Public Safety

Contact Phone: 401-454-6371 Contact Fax: 401- 709-8529

## **Applicant/Subject Information:**

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Current Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Previous Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Previous Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

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. 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: \_\_\_\_\_

## **NOTE:**

**If you are from Alaska (AK), California (CA), Georgia (GA), New Hampshire (NH), Puerto Rico (PR), Virgin Islands (VI), Washington (WA), or Canada, please see the Center for Student Involvement. You will have to fill-in additional paperwork.**