



Oconee County

Human Resources

Jill Faulkner, ACHRM, Director

Board of Commissioners
John Daniell, Chairman
Mark Thomas, Post 1
Chuck Horton, Post 2
Amrey Harden, Post 3
Mark Saxon, Post 4

AUTHORIZATION TO RELEASE INFORMATION ON DRIVING HISTORY

I hereby authorize Oconee County or other authorized representative of Oconee County bearing this release or copy thereof, within 12 months of its date, to obtain any information in my files pertaining to my driving record. This release is executed with full knowledge and understanding that the information is for official use of Oconee County. Consent is granted for Oconee County to furnish such information as to described above, to third parties in the course of employment or underwriting of insurance. Should there be any questions as to the validity of this release, you may contact me as indicated below.

I hereby authorize my previous employers to provide Oconee County and its agents any and all information that they may request. I hereby release my former employers from liability for providing such information.

Full Name _____

Please sign in the presence of Notary Public

Full Name _____

Type or Print

Date of Signature _____

Driver's License Number _____

Date of Birth _____

State Where Issued _____

Expiration Date _____

* * * * *

Notary Public _____

Notary Expiration _____