

**LEHIGHTON AMBULANCE ASSOCIATION  
516 IRON STREET  
P O BOX 82  
LEHIGHTON, PA 18235  
610-377-5155 FAX 610-377-5576**

**RELEASE FORM**

I \_\_\_\_\_ grant permission for the Lehigh Ambulance Association to run a criminal history check, and driving record.

**APPLICANT**

**NAME** \_\_\_\_\_  
**Last** **First** **Middle Name**

**Maiden Name or Aliases** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Social Security:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Applicant**