

Puerto Rico General Release Form

Client Information: *(Please Print)*

Company Name:

Account #:

Contact Name:

Phone #:

Fax #:

Intended Use: *(Please select one)*

Insurance

Employment

Applicant/Subject Information: *(Please Print)*

Name (Last, First, MI):

Date of Birth (mm/dd/yyyy):

Drivers License Number:

Social Security Number:

I do hereby authorize and allow _____ to obtain a copy of my driver abstract information, which will be used for the above stated purpose. 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 understand that this authorization and consent shall be valid in an original, fax or copy form.

Driver's Signature:

Date:

Please Fax Puerto Rico General Release Form To: (888) 827-4468