

Fax To: (866) 278-6496

**Driving History Release Form**

Your / Company Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number to Return Report To: \_\_\_\_\_  
Contact Persons Name: \_\_\_\_\_

BACKGROUND VERIFICATION DISCLOSURE

AUTHORITY TO RELEASE INFORMATION (APPLICANT TO READ AND SIGN)

I hereby authorize any officer, representative or agent of Judgment Enforcement Center bearing this release or copy thereof to conduct background investigations including but not limited to a National Cross Reference of all 50 states showing actual past residences, obtaining a consumer credit report, criminal history, and credit standing. This report may include personal interviews with neighbors, friends, associates past and present employers, and records from educational institutions, police departments, court records, federal, state and other agencies as well as records of banking, financial statements, professional licensing, workers compensation, military history, civil and insurance claims. In compliance with the Americans with Disabilities Act, my workers compensation history will only be investigated after a conditional offer of employment. This release is executed with full acknowledgement and understanding that the information is for the official use of Judgment Enforcement Center and its client. Consent is granted for Judgment Enforcement Center to furnish such information as described above to third parties in the course of fulfilling official responsibilities. Please furnish the Judgment Enforcement Center with any and all information you possess about me.

A photocopy of this authorization can be accepted with the same authority as the original.

SIGNATURE: \_\_\_\_\_  
PRINT NAME: \_\_\_\_\_  
SS#: \_\_\_\_\_  
DRIVER LIC#: \_\_\_\_\_ STATE ISSUED: \_\_\_\_\_ DOB: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_