

Puerto Rico **General Release Form**

Client Information: *(Please Print)*

Company Name: TruDiligence
Contact Name: Jerry Nielson

Account #: 75056
Phone #: 303 692 8445
Fax #: 303 692 8511

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: (303) 692-8511