



Phone 800.834.2062 - Fax 888.834.2843

I understand that, for **THE PURPOSE OF EMPLOYMENT and/or VOLUNTEERING**, inquiries are to be made of myself which may include but not be limited to: MOTOR VEHICLE REPORTS and CRIMINAL RECORDS. I authorize without reservation, any party or agency contacted to furnish and transmit the obtained information to:

**Instant Verification, Inc.**

I hereby totally release said agencies and the above named company and/or municipality, their officers, directors, employees and agents, collectively and personally from any actions and liabilities resulting from transmission and utilization of the results and opinions thereof.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

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

Driver's License #: \_\_\_\_\_

Authorized Officer / Manager & Title: \_\_\_\_\_

