

General Release and Authorization

For Newfoundland and Labrador

Client Information:

Company Name: _____ **Account #:** _____

Contact Name: _____ **Phone #:** _____

Intended Use (Please select one): **Insurance** **Employment**

Applicant/Subject Information:

Name (Last, First MI): _____
(PLEASE PRINT)

Date of Birth (mm/dd/yyyy): _____

Drivers License Number: _____

I do hereby authorize and allow Softech International / InfoCheckUSA, LLC 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 this signed release form to 1-305-647-6504