



## AUTHORIZATION AND RELEASE

I hereby authorize, without condition, except as provided for under the provisions of the Fair Credit Reporting Act (FCRA) any vendor or agency contracted by S.U.L. SERVICES, INC., to provide personal and private information pertaining to my driving record which may contain records concerning accidents, traffic violations and certain criminal offenses.

I further authorize S.U.L. SERVICES, INC. to access consumer reports, which may contain public and private information from educational institutions, federal, state and county institutions, credit bureaus, former employers, as well as, previous records that may be maintained by S.U.L. SERVICES, INC.. I understand this report may contain information pertaining to my character, education, work history, accidents, worker's compensation claims, conduct, work experience and terminations.

I understand I have the right to make a written request to S.U.L. SERVICES, INC. for additional information concerning any report obtained on my behalf. I understand that I am within that right to dispute the accuracy of any information contained in said record either by mail or in person at the Corporate Address of S.U.L. SERVICES, INC. located at 923 N. Sunset Ave. Suite B West Covina, CA 91790

*I hereby authorize S.U.L. SERVICES, INC. to conduct this investigation, as set forth above.*

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Applicant's Name (Last, First, Middle Initial)

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Social Security Number Date of Birth

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Home Address

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City State County Zip

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Drivers License Number Drivers License State

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Applicants Signature Date