

# Canada General Release and Authorization

## Datalink Services, Inc

PO Box 163355

Sacramento, CA 95816

Phone: 866.454.3238 Fax: 866.790.5246

### Client Information:

Company Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Purpose of use:                      Insurance                      Employment

### Applicant/Subject Information:

**(PRINT CLEARLY)**

Name (First, MI, Last): \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Province: \_\_\_\_\_

I do hereby authorize and allow Datalink Services, Inc 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: \_\_\_\_\_