

**Information Direct**  
**Application Notification / Release of Information**

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**Please Fill in, Sign and Return Release By Toll Free Fax To (877) 635 – 8552 or  
Mail To: 2438 East Chapman Avenue., Suite 86, Fullerton, CA 92831**

The purpose of this form is to notify you that a Consumer Report and/or an Investigative Consumer Report will be conducted on you in the course of consideration for employment. I hereby authorize your company or any agent of your company to contact any and all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county, and federal courts and military services to release information about my background including, but not limited to, information about my employment, education, consumer credit history, driving record, criminal record, and general public records history to the person or company with which this form has been filed. This releases the aforesaid parties from any liability and responsibility for collecting the above information. This release shall remain in effect for the length of my employment. I understand I have the right to obtain a free copy of this consumer report if; (1) Any adverse action/decision is made based on the information in the consumer report, & (2) If the request is made in writing within 60 days of the adverse action. If an Investigative consumer Report is conducted, I will be notified in writing with in three days from request of said report. I believe to the best of my knowledge that all information I have provided is accurate true and correct and that I fully understand the terms of this release.

**Your Requests:**

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Service: Driving Records  
Order No.: 76485  
Name: Harbuck, Michael T  
Date of Birth: 04-27-1972  
Social Security Number: N/A  
Driver's License: H612558721470  
Jurisdiction: FLORIDA-USA  
Customer Name: Delta-21 Resources Inc  
Address: 4 Market Square Suite 301  
Knoxville, Tennessee USA

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**Your authorization (Required):**

Your Signature: \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*\*\* Please note if you are sending this form back to us by mail, please allow time for postal delivery. Your order will be processed the day this form reaches our office.\*\*\*