



DeLisle Associates LTD

5050 S. Sprinkle Road • Portage, Michigan 49002 • Phone (269) 373-4500 • Fax (269) 373-4107

Release Form – Page 1 of 2

At the request of my employer to DELISLE ASSOCIATES LTD (DELISLE), I understand that my consumer reports or investigative consumer reports which may contain public record information may be requested or made on me for the searches selected below. Further, I understand that DELISLE will be requesting information from state, local and other agencies which may contain past activities.

I hereby authorize without reservation, any part or agency contacted by DELISLE ASSOCIATES LTD to furnish for the information selected below.

I have the right to make a request of DELISLE ASSOCIATES LTD, upon proper identification and the payment of any authorized fees, to obtain the information in its files on me at the time of my request.

I hereby authorize DELISLE ASSOCIATES LTD to release the results of the aforementioned investigation(s) to the client indicated below. ALL REQUESTED INFORMATION MUST BE COMPLETED in order to provide complete and accurate results.

Please indicate searches with check.

- Criminal History – Federal
- Michigan Department of Corrections
- DEA Most Wanted
- Criminal History – Statewide
- Social Security Address Verification
- National Sex Offender
- Criminal History – Countywide
- Motor Vehicle Driving Record
- Credit History

Client: _____ Phone: _____ PO No: _____

Client Address: _____ State: _____ Zip: _____

Authorized Contact: _____ Signature: _____

Print Your Legal Name

First: _____ Middle: _____ Last: _____

Current Street Address: _____
(If not at current address for past **7 years**, list all previous addresses on following page)

City: _____ State: _____ Zip: _____ Home Phone Number: _____

From: _____ To: _____

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Social Security No: _____ Date of Birth: Month _____ Day _____ Year _____

Drivers License State: _____ Drivers License No: _____

Or State I.D. No: _____ Male _____ Female _____

Other or former names (AKA/Alias/Maiden) _____

ADDITIONAL HISTORY - Page 2 of 2

Use for additional information other than previously listed for the last 7 years. **ALL REQUESTED INFORMATION MUST BE COMPLETED in order to provide complete and accurate results.**

First: _____ **Middle:** _____ **Last:** _____

From: _____ To: _____

Street Address: _____

City: _____ State: _____ Zip: _____

From: _____ To: _____

Street Address: _____

City: _____ State: _____ Zip: _____

From: _____ To: _____

Street Address: _____

City: _____ State: _____ Zip: _____

(Please list additional addresses on back of this page if needed for all last 7 years history.)

Have you worked in areas (long term) other than listed above during the past 7 years?

Yes – or – **No** (Circle one) If so, where? City: _____ State: _____

Name of Workplace: _____ (list any additional on back of sheet)

Have you been an active Student during the past 7 years? Yes – or – **No** (Circle one)

If so, where? School Name: _____ City: _____ State: _____

Have you served in the military during the past 7 years? Yes – or – **No** (Circle one)

If so, where? City: _____ State: _____

Have you been ever been convicted of a felony? Yes – or – **No** (Circle one)

If so, when? _____ ▪ Where? _____ (City/County & State) ▪ List Specifics _____

Have you ever been convicted of a misdemeanor? Yes – or – **No** (Circle one)

If so, when? _____ ▪ Where? _____ (City/County & State) ▪ List Specifics _____

I hereby voluntarily waive all rights of records and release DeLisle Associates LTD and their clients, subcontractors and employees from liability for compliance with this authorization. Furthermore, I certify that the information provided above by me is true and complete to the best of my knowledge.

Signature: _____ Date: _____