

Azura Investigations
P.O. Box 2168
Santa Cruz, NM 87567
Toll Free: (877) 721-4061

Puerto Rico General Release Form

Client Information: *(Please Print)*

Company Name: Account #:
Contact Name: Phone #:
Fax #:

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

Applicant/Subject Information: *(Please Print)*

Name (Last, First, MI):
Date of Birth (mm/dd/yyyy):
Drivers License Number:
Social Security Number:

I do hereby authorize and allow 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 Puerto Rico General Release Form To: (305) 647-6504