



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

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: \_\_\_\_\_