

# The Source: Personnel Information Service

PO Box 10031 Torrance, CA 90505 (310) 534-9900

## Motor Vehicle Record Inquiry Release

In connection with my travel, I understand that background information verifications will be conducted by The Source on behalf of the Associated Students. I understand that these verifications will include a driving record history. I further understand that The Source may contact government agencies or other entities for the purpose of verifying the information I have provided.

**I authorize, without reservation, any party or agency contacted by The Source on behalf of the Associated Students to furnish the above mentioned information. I have read this entire document, and I understand that by signing I am releasing all those parties from any and all liability. Furthermore, I agree to indemnify and hold blameless both The Source and the Associated Students harmless from and against any and all claims, demands, or liabilities, including court costs and attorney's fees. By my signature I am also voluntarily agreeing to all these conditions and giving my permission to perform this background verification.**

I would like a copy of my report to be provided to me by the Associated Students (CA residents only)

### PLEASE PRINT CLEARLY!

Name \_\_\_\_\_

AKA/Maiden  
Name \_\_\_\_\_

Social Security  
Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License  
Number \_\_\_\_\_ State Issued \_\_\_\_\_

Current Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Prospective  
Employer \_\_\_\_\_

Applicant's  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**You have a right to request information regarding the nature and scope of any background verifications done on behalf of the Associated Students. In the event that adverse action is taken as a result of information you believe to be erroneous, you must inform the Associated Students within sixty (60) days of the time that the report is tendered to the Associated Students. You will be provided with a copy of the disputed information and a method of contacting The Source.**

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