

Consent to Disclose and Release Personal Information

(Type or print clearly, illegible information cannot be processed.)

A. Company Name	Island Eyes Investigative Services, Inc.
Company Address	848 Bald Eagle Drive Marco Island, FL 34145

B. Applicant Information Section

I authorize the above named company through its "Agent" to obtain information regarding:

2. Consumer credit report which relates to me, and/or;

- Credit Bureau Report Education/Professional Accreditation Driver's Abstract Civil Record Search
 Employment verification Employment Reference Global Terrorist Search

****It is very important that you indicate any name changes, either through marriage, divorce or other legal changes****

Applicant:
LAST/SURNAME FIRST MIDDLE MAIDEN/FORMER SURNAMES OR NAME CHANGES

Address:
STREET / PO BOX / RR # CITY / PROVINCE / STATE POSTAL CODE / ZIP CODE

Telephone #: Male Female Driver's Lic #

Date of Birth: Place of Birth : SIN/SSN
YEAR MONTH DAY CITY / PROVINCE / COUNTRY

D. Applicant Signature Section

By signing this waiver, I acknowledge full understanding of it's content and meaning and hereby give my informed consent.

Applicant's Signature: _____ Date: _____

Email Address: