

AUTHORIZATION FOR RELEASE OF INFORMATION

Failure to ensure compliance may result in legal jeopardy!

Under penalty of law, it is illegal to obtain any individual’s background information without the individuals’ knowledge and authorization. Due to evolving federal and state laws, Client must document the specific purpose for which the information or address provided by SATIRA Data Network will be used. Client’s signature is certification that the information will NOT be released to any other person, or used for any other purpose than that specified; that there is no suspicion, cause, or Restraining Order prohibiting contact with the Subject; and that Client has taken steps to ensure that any information usage excludes stalking or harassment.

Use of the information or address provided will be used for (circle at least on):

1. Service of Legal Process.
2. Workplace investigation: for an Employer suspecting fraud or conspiracy/criminal background screening for possible employment.
3. Fraud or Conspiracy investigation under auspices of an attorney.
4. Location of a witness, or party, to previously filed and active civil/criminal case.
5. Location of financial assets, real property or stolen property, pursuant to a money judgment or in relation to a previously filed and active civil/criminal case.
6. Location of a former employee (or business associate) for business purposes.
7. Location of a legally designated heir to an estate in probate.
8. To identify/locate for the purpose of collection.
9. Identity theft investigation
10. Other (be very specific)_____

AGREEMENT

By signing this agreement, I certify that SATIRA Data Network is granted permission to perform any necessary background or investigative services. I understand that data may be obtained from electronic databases or other third parties, information which could possibly contain some errors, of which SATIRA Data Network has not verified the accuracy of such information. Databases are updated monthly, however, results may not reflect information changes that have occurred within the past 30 days and have not been reported yet. All information should be independently verified. I hereby agree to indemnify and hold harmless SATIRA Data Network, its successors, directors, agents, and affiliates from any and all claims, liabilities, and/or actions arising out of the services provided by SATIRA Data Network, including payment of all attorney’s fees and costs. The services provided are non-refundable.

Company Name _____

SSN# _____

Agent (Please Print) _____

DOB _____

Signature _____

Date _____