

**Canadian General Release\* and Authorization**

**ADR, Inc.  
P.O. Box 1970  
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Phone: (916) 456-3200 Fax: (916) 456-3332**

**ADR Client Information:**

**Company Name:** AccuSource, Inc.

**ADR Account#:** R7929

**Reference:** \_\_\_\_\_

**Fax Number:** 888-649-6244

**Purpose of Use (Please check a box):**       Insurance       Employment

**Applicant/Subject Information:**

**Name:** \_\_\_\_\_  
Please Print All Requested Information

**Date of Birth (Month – Day – Year):** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Drivers License Number:** \_\_\_\_\_

**Province:** \_\_\_\_\_

I do hereby authorize and allow ADR, Inc. 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.

**Applicant's Signature: X** \_\_\_\_\_

**Date:** \_\_\_\_\_

\*This form is not accepted in British Columbia or Quebec.