

DGA DETECTIVES™

Established 1992

Your Intelligence Advantage



TO:

Subject Information:

Name: _____

SSN: _____

DOB: _____

DL#: _____

AUTHORIZATION TO CONDUCT A BACKGROUND INVESTIGATION

To whom it may concern:

I hereby authorize DGA Detectives, The Dale Gustafson Agency to make inquiries, either by written communication, telephone, or in person, to any former employer, creditor, credit-reporting agency, governmental agency, education institution, military establishment, doctor, medical establishment, or other persons knowledgeable of my background. This applies to all organizations or individuals with knowledge as to my medical history, work experience, nature of duties, work hours, wages, performance levels, reliability, responsibility, honesty, health, and any other measures of my character or personality.

In consideration for your furnishing such information, **I specifically waive any confidential relationship or privacy privilege which may exist between us** and completely release you from any responsibility or liability for damages which may occur as a result of the disclosure of this information.

A photocopy, Xerox copy, facsimile or any other copy of this instrument bearing my signature shall be as equally legally valid as the original.

This waiver shall remain in effect for 90 days from the date it is signed, or for the duration of employment with the employer for which this waiver is signed.

Signature: _____ Date: _____

Employer/Agency Requesting Background Investigation: _____

DGA Investigator Assigned as Case Manager: _____

DGA DETECTIVES & DGA BAIL BONDS

California Dept. of Insurance, License: 1843850 / California Dept. of Consumer Affairs, BSIS: PI 16904
P.O. Box 1696, Simi Valley, CA 93062-1696 / Phone: (888) 811-3253, (805) 579-0641; FAX: (805) 579-0632

